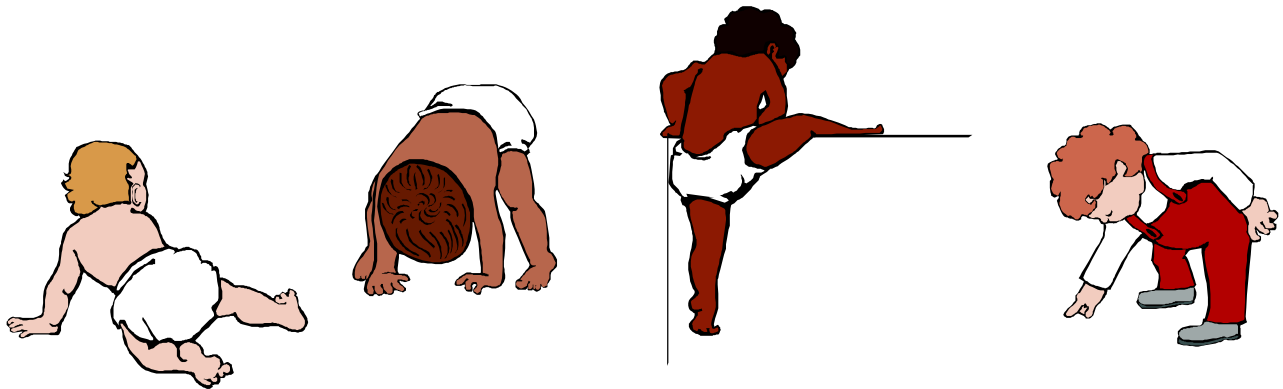


INFECTIOUS DISEASES IN CHILD CARE SETTINGS

Informational Guidelines for Directors, Caregivers, and Parents

First Edition

February 2001



**Prepared by:
Delaware Division of Public Health
Epidemiology Branch**

INFECTIOUS DISEASES IN CHILD CARE SETTINGS

**Informational Guidelines for Directors,
Caregivers, and Parents**

First Edition

February 2001



**Delaware Division of Public Health
Epidemiology Branch
Jesse Cooper Building
P.O. Box 637
Dover, Delaware 19903
(302) 739-5617**

Delaware Child Care Licensing Website:
<http://www.state.de.us/kids/occlhome.htm>

Infectious Diseases in Child Care Settings

Table of Contents

Introduction

Section 1: -Health History and Immunizations for Children
-Health History and Immunizations for Caregivers
-Immunizations

Section 2: -How Diseases are Spread
-Breast Milk and HIV Exposure
-Pets in the Child Care Setting
-Exclusion/Readmittance Criteria
-Health Risks for Pregnant Caregivers

Section 3: -Handwashing
-Diapering
-Toilet-Training
-Cleaning and Disinfection
-Food Safety and Sanitation

Section 4: -Delaware Reportable Diseases

Section 5: -Fact Sheets (Diseases and Other Conditions)
-Asthma
-Baby Bottle Tooth Decay
-Bacterial Meningitis
-Biting Incidents
-Campylobacter
-Chickenpox (Varicella)
-Cold Sores
-Common Cold
-Cryptosporidiosis
-Cytomegalovirus (CMV)
-Diarrheal Diseases
-Diphtheria

- Earache (Otitis Media)
- E. coli 0157:H7
- Fifth Disease
- Foodborne Illnesses
- Giardiasis
- Hand-Foot-Mouth Disease (Coxsackie A)
- Head Lice
- Hepatitis A
- Hepatitis B
- HIV/AIDS
- Impetigo
- Infectious Mononucleosis (Mono)
- Influenza
- Injuries (Intentional/Unintentional)
- Measles
- Mumps
- Pertussis (Whooping Cough)
- Pinkeye (Conjunctivitis)
- Pinworms
- Respiratory Syncytial Virus (RSV)
- Ringworm
- Roseola
- Rotavirus
- Rubella
- Salmonella
- Scabies
- Shigellosis
- Strep Throat/Scarlet Fever
- Sudden Infant Death Syndrome (SIDS)
- Tetanus
- Tuberculosis (TB)
- West Nile Virus
- Yeast

Section 6: -Sample Letters

- Campylobacter
- Chickenpox
- Conjunctivitis
- E. Coli 0157:H7
- Fifth Disease
- Giardia
- Hand-Foot-Mouth Disease
- Head Lice
- Hepatitis A
- Hib Disease
- Impetigo

- Meningococcal Illness
- Pinworm
- Ringworm
- Salmonella
- Scabies
- Shigella
- Strep Throat

Resources

References

INTRODUCTION

This manual is the first edition of the Infectious Diseases in Child Care Settings: Informational Guidelines for Directors, Caregivers, and Parents. This manual was developed to assist you, the child care provider, to reduce illness, injury, and other health problems in your child care facility. It is intended to inform administrators, child care providers, parents, and guardians about specific infectious disease conditions they may encounter in the child care setting. It has been designed to provide specific disease prevention and control guidelines, which are consistent with the national standards put forth by the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the State of Delaware Department of Services for Children, Youth, and their Families.

There has been an increase in the number of persons with young children using out-of-home child care. As a result of the growth in this social phenomenon, these children are very susceptible to contagious diseases because they have not been exposed to many infections, and therefore have not built any resistance to them, or have not received any, or all, of their recommended immunizations. Consequently, they are acquiring infections at an earlier age. A variety of infections have been documented in children attending child care, sometimes with spread to caregivers and to others at home.

Several factors place children attending child care settings at increased risk of infection. These young children are in close physical contact for extended periods of time, which facilitates the spread of communicable diseases. Their hygiene habits and immune systems are not well developed. In addition, wherever there are children in diapers, the spread of diarrheal diseases may readily occur resultant of poor or inadequate handwashing, diaper changing, and environmental sanitation measures.

This manual contains disease specific fact sheets that are of particular concern in child care settings. These fact sheets may be distributed to parents and staff for informational purposes, and will provide ready access to established exclusion/readmittance requirements for both children and caregivers.

Should you have any concerns regarding the contents of this manual, please direct your inquiries to:

Delaware Division of Public Health
Epidemiology Branch
Jesse Cooper Building
P.O. Box 637
Dover, DE 19903
(302) 739-5617

HEALTH HISTORY AND IMMUNIZATION POLICY FOR CHILDREN IN CHILD CARE

You need to know the health history and medical emergency information for every child in your care. When a child enrolls in your child care facility, you should find out:

- Where parents can be reached--full names and work and home phone numbers and addresses.
- At least 2 people to contact if parents can't be reached--phone numbers and addresses.
- The child's regular health care providers--names, addresses, and phone numbers.
- The hospital that the child's family uses--name, address, and phone number.
- The date of the child's last physical examination. Any child who has not had a well baby or well child examination recently (within the past 6 months) should be examined within 30 days of entering your child care facility.
- Any special health problems or medical conditions that a child may have and procedures to follow to deal with these conditions. Examples of conditions needing procedures are allergies, asthma, diabetes, epilepsy, and sickle cell anemia. These conditions can cause sudden attacks that may require immediate action.
- You should know: 1) what happens to the child during a crisis related to the condition
2) how to prevent a crisis
3) how to deal with a crisis, and
4) whether you need training in a particular emergency procedure.
- The child's vaccination status. Whether the child has been evaluated with a TB skin test (using the Mantoux method with tuberculin purified protein derivative (PPD)).

You should require that all children admitted to your care be up to date on their vaccinations. The state of Delaware requires you to have written proof of each child's up-to-date vaccinations. Children attending child care especially need all of the recommended vaccinations to protect themselves, the other children, the child care provider, and their families. Several diseases that can cause serious problems for children and adults can be prevented by vaccination. These diseases are chicken pox, diphtheria, Haemophilus influenzae meningitis, hepatitis A, hepatitis B, influenza, measles, mumps, polio, rubella (German measles or 3-day measles), tetanus, and whooping cough (pertussis). Many of these diseases are becoming less common because most people have been vaccinated against them. But cases still occur and children in child care are at increased risk for many of these diseases because of the many hours they spend in close contact with other children.

State law requires that all children undergo lead screening at 1 year of age. Medicaid children must also be screened again at 2 years of age.

Children who are not up to date on their vaccinations should be taken out of child care (excluded) until they have begun the series of shots needed. Each child in your care should have a certificate of up-to-date immunizations in your files. Each child shall also have on file an age-appropriate health appraisal certified by a licensed physician or nurse practitioner and shall be updated yearly up to school age. Included in this health appraisal should be a description of any disability or impairment that may affect adaptation to child care.

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING

Family Child Care
Large Family Child Care Home
Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other _____

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

_____ Scalp, Skin	_____ Heart	_____ Vision	_____ Ear, Nose	_____ Lungs
_____ Hearing	_____ Throat	_____ Abdomen	_____ Blood Pressure	_____ Eyes
_____ Genitalia	_____ Teeth	_____ Extremities	_____ Neck, Glands	_____ Nervous System
_____ Height	_____ Weight			

REMARKS AND RECOMMENDATIONS _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/ Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /	/ /	/ /
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____ ☐ M.D. ☐ P.N.P. Date: _____

Printed Name: _____ Telephone: _____

HEALTH HISTORY AND IMMUNIZATION POLICY **FOR CHILD CARE PROVIDERS**

Children, especially those in groups, are more likely to get infectious diseases than are adults. As a child care provider, you will be exposed to infectious diseases more frequently than will someone who has less contact with children. To protect yourself and children in your care, you need to know what immunizations you received as a child and whether you had certain childhood diseases. If you are not sure, your health care provider can test your blood to determine if you are immune to some of these diseases and can vaccinate you against those to which you are not immune.

Child caregivers shall also have on file written evidence of health appraisals signed by a licensed physician or nurse practitioner. These shall include a health history, physical examination, immunization status, vision/hearing screening, TB screening (see below), and assessment of any health related limitations or communicable diseases that may impair the Caregiver's ability to perform specific job duties.


Tuberculosis Screening





Persons who are beginning work as child care providers should have a TB skin test (Mantoux method using tuberculin purified protein derivative (PPD)) to check for infection with the TB germ, unless there is documentation of a positive test result in the past, or of active TB that has been treated already. The first time that they are tested, persons who cannot document any previous TB skin test results should have a two-step test. (That is, if the first test result is negative, the skin test is repeated within one month.) Persons who have negative results from their skin tests when they start child care work should have their skin tests repeated every 2 years while the results are still negative.

Recommended Immunization Schedule for Child Care Providers:

IMMUNIZATION	HOW OFTEN
Influenza	Annually, (in Oct. or Nov.) to all providers
Measles, Mumps, Rubella (MMR)	Providers born before 1957 can be considered immune to measles and mumps. Others are immune if they have a history of measles or mumps or have received at least one dose of rubella vaccine on or before their first birthday. A blood test indicating immunity to rubella or one dose of rubella vaccine is required.
Tetanus, Diphtheria (Td)	Child care providers should have a record of receiving a series of 3 doses (usually given in childhood) and a booster dose given within the past 10 years.
Polio	Child care providers, especially those working with children who are not toilet-trained, should have a record of a primary series of 3 doses (usually given in childhood) and a supplemental dose given at least 6 months after the third dose in the primary series.
Hepatitis A	CDC recommends Hepatitis A vaccine for child care providers.
Chickenpox	CDC recommends Chickenpox vaccine for all child care providers who have not had Chickenpox. Providers who know they have had the disease are considered immune.
Hepatitis B	Child care providers who may have contact with blood or body fluids, or who work with developmentally disabled or aggressive children should be vaccinated against Hepatitis B with one series of 3 doses of vaccine.

Recommended Childhood Immunization Schedule United States, January ^w December 2001

Vaccines^a are listed under routinely recommended ages. Bars indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible.  indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

Ag ► Vaccine V	Birth	1 MOS	2 Mos	4 MOS	6 Mos	12 Mos	15 MOS	18 Mos	24 MOS	4-6 Yrs	11-12 yrs	14-18 yrs
Hepatitis B2	Hep B #1											
		Hep B #2			Hep B #3							
Diphtheria, Tetanus, Pertu SSis 3			DTaP	DTaP	DTaP		IDTaP 3			DTaP	Td	
H. influenzae type b 4			Hib	Hib	Hib	Hib						
Inactivated Polio,			IPV	IPV	IPV 5					IPV 5		
Pneumococcal Conjugate'			PCV	PCV	PC	PCV						
Measles, Mumps, Rubella(MMR				MMk`		
Varicellld						Var						
 Hepatitis A									Hep A - in selected areas?			

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AA-
P)

10 THINGS YOU NEED TO KNOW ABOUT IMMUNIZATIONS

1. "Why should my child be immunized?"

Children need immunizations (shots) to protect them from dangerous childhood diseases. These diseases have serious complications and can even kill children.

2. "What diseases do vaccines prevent?"

Measles
Mumps
Polio
Rubella (German Measles)
Pertussis
Diphtheria
Tetanus
Haemophilus influenzae type b (Hib disease)
Hepatitis B
Varicella (chickenpox)

3. "How many shots does my child need?"

The following vaccinations are recommended by age two and can be given in five visits to a doctor or clinic:

1 vaccination against measles/mumps/rubella (MMR)
4 vaccinations against Hib (a major cause of spinal meningitis)
3 vaccinations against polio
4 vaccinations against diphtheria, tetanus, and pertussis (DTP)
3 vaccinations against hepatitis B
1 vaccination against varicella

4. "Are the vaccines safe?"

Serious reactions to vaccines are extremely rare, but do occur. However, the risks of serious disease from not vaccinating are far greater than the risks of serious reaction to the vaccination.

5. "Do the vaccines have any side effects?"

Yes, side effects can occur with vaccination, depending on the vaccine: slight fever, rash or soreness at the site of injection. Slight discomfort is normal and should not be a cause for alarm. Your health care provider can assist you with additional information.

6. "What do I do if my child has a serious reaction?"

If you think your child is experiencing a persistent or severe reaction, call your doctor or get the child to a doctor right away. Write down what happened and the date and time it happened. Ask your doctor, nurse or health department to file a Vaccine Adverse Event Report form or call 1-800-338-2382.

7. **"Why can't I wait until school to have my child immunized?"**

Immunizations must begin at birth and most vaccinations completed by age 2. By immunizing on time (by age 2), you can protect your child from being infected and prevent the infection of others at school or at daycare centers. Children under 5 are especially susceptible to disease because their immune systems have not built up the necessary defenses to fight infection.

8. **"Why is a vaccination health record important?"**

A vaccination health record helps you and your health care provider keep your child on schedule. A record should be started at birth when your child should receive his/her first vaccination and updated each time your child receives the next scheduled vaccination. This information will help you if you move to a new area or change health care providers, or when your child is enrolled in daycare or starts school. Remember to bring this record with you every time your child has a health care visit.

9. **"Where can I get free vaccines?"**

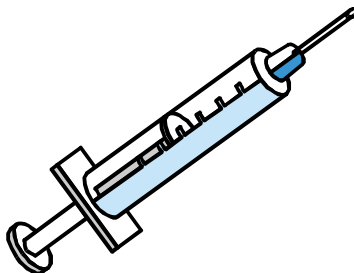
The Vaccines for Children Program will provide free vaccines to needy children. Eligible children include those without health insurance coverage, all those who are enrolled in Medicaid, American Indians and Alaskan Natives.

10. **"Where can I get more information?"**

You can call the National Immunization Information Hotline for further immunization information at

1-800-232-2522 (English) or at

1-800-232-0233 (Spanish).



HOW SOME CHILDHOOD DISEASES ARE SPREAD

METHOD OF TRANSMISSION

<i>Direct contact with Infected Persons Skin or Body Fluid</i>	<i>Respiratory Transmission</i>	<i>Fecal-Oral</i>	<i>Blood</i>
Chickenpox*	Chickenpox*	Campylobacter**	Cytomegalovirus
Cold Sores	Common Cold	E. coli 0157:H7**	Hepatitis B Virus*
Conjunctivitis	Diphtheria	Enterovirus	Hepatitis C Virus
Head Lice	Fifth Disease	Giardia	HIV
Impetigo	Bacterial Meningitis	Hand-Foot-Mouth Disease	
Ringworm	Hand-Foot-Mouth Disease	Hepatitis A Virus*	
Scabies	Impetigo	Infectious Diarrhea	
	Influenza*	Pinworms	
	Measles*	Polio*	
	Mumps*	Salmonella**	
	Pertussis*	Shigella	
	Pneumonia		
	Rubella*		

*Vaccines are available for preventing these diseases.

**Often transmitted from infected animals through foods or direct contact.

HOW DISEASES SPREAD

Infectious diseases are caused by germs, such as viruses, bacteria, and parasites. Contagious or communicable diseases are those that can be spread from one person to another. Infectious diseases that commonly occur among children are often communicable or contagious and may spread very easily from person to person.

Infants and toddlers are highly susceptible to contagious diseases. They have not yet been exposed to many of the most common germs. Therefore, they have not yet built up resistance or immunity to them. Also, young children have many habits that promote the spread of germs. For example, they often put their fingers and other objects in their mouths. In this way, germs enter and leave the body and can then infect the child or be passed on to others.

In order for germs to be spread from one person to another, three things must happen:

- 1) Germs must be present in the environment, either through a person carrying the germ or through infectious body fluids, such as discharge from the eye, nose, mouth, or digestive (gastrointestinal) tract; in the air; or on a surface.
- 2) A person who is not immune to the germ must come in contact with, or be exposed to the germs.
- 3) The contact or exposure must be in a way that leads to infection.



Skin infections may be spread by touching fluid from another person's infected sores.

*Respiratory-tract infections with symptoms such as coughs, sneezes, and runny noses are spread mainly through exposure to fluids present in or expelled from another person's mouth and throat (saliva or mucus), often when an uninfected person touches these discharges with their hands and then touches their mouth, eyes, or nose.

*Intestinal tract infections, including some types of diarrhea, usually are spread through exposure to germs in the feces. Many of the germs discussed in this manual are spread through what is known as "fecal-oral" transmission. This means that germs leave the body of the infected person in the stool and enter the body of another person through the mouth. In most situations, this happens when objects (including toys, fingers, or hands) which have become contaminated with undetectable amounts of feces are placed in the mouth. Fecal-oral transmission can also occur if food or water is contaminated with undetectable amounts of human or animal feces, and then is eaten or drunk. Improperly prepared foods made from animals (i.e., meat, milk, and eggs) are often the source of infection with *Campylobacter*, *E.coli* O157:H7, and *Salmonella*. Some infections, like infection with *Salmonella* and *Campylobacter*, may be spread through direct exposure to infected animals.

*Blood infections are spread when blood (and sometimes other body fluids) from a person with an infection gets into the bloodstream of an uninfected person. This can happen when infected blood or body fluid enters the body of an uninfected person through cuts or openings in the skin; the mucous membrane that lines body cavities, such as the nose and eye; or directly into the bloodstream, as with a needle.

*Some diseases, such as chickenpox, impetigo, and hand-foot-and mouth disease, can have more than one transmission route. For example, they may be spread through air or by direct contact with the infectious germ.

Expressed Breast Milk and Possible HIV Exposure

If a child has been mistakenly fed another child's bottle of expressed breast milk, the possible exposure to HIV should be treated the same as accidental exposure to other body fluids. You should:

-Inform the parents of the child who was given the wrong bottle that:

- their child was given another child's bottle of expressed breast milk,
- the risk of transmission of HIV is very small (see discussion below),
- they should notify the child's physician of the exposure, and
- the child should have a baseline test for HIV.

Inform the mother who expressed the breast milk of the bottle switch, and ask:

- if she has ever had an HIV test and, if so, would she be willing to share the results with the parents?
- if she does not know if she has ever had an HIV test, if she would be willing to contact her physician and inquire. If she has had testing, is she willing to share the results?
- if she has never had HIV testing, would she be willing to get testing and share the results with the parents? And,
- when the breast milk was expressed, and how it was handled prior to being brought to the facility. Provide the exposed child's physician information on when the milk was expressed and how it was handled prior to being brought to the child care center.

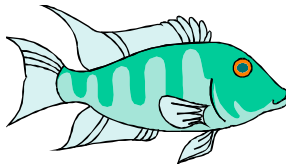
Risk of HIV transmission from expressed breast milk drunk by another child is believed to be low because:

In the United States, women who are HIV positive and are aware of that fact are advised not to breast feed their infants. Chemicals present in breast milk act, together with time and cold temperatures, to destroy the HIV present in expressed breast milk.

The risk to child care providers who feed children bottles of expressed breast milk is extremely low because the risk of transmission from skin/mucous membrane exposures to HIV is extremely low (probably much lower than the 0.5% involved with blood and other body fluids with higher levels of virus). Therefore, you do not need to wear gloves when giving bottles of expressed breast milk. If breast milk is spilled on your skin, wash the area with soap and water as soon as possible.



PETS IN THE CHILD CARE SETTING



Many child care providers, who care for children in their own homes, have pets. Pets can be excellent companions for children. Pets can meet emotional needs of children and others for love and affection. Caring for pets also gives children an opportunity to learn how to treat and be responsible for others. However, some guidelines for protecting the health and safety of the children should be followed.

-All reptiles carry Salmonella. Therefore, small reptiles that might be handled by children, including turtles, snakes, and iguanas, can easily transmit Salmonella to them. Iguanas, snakes, turtles, and other wild animals are not appropriate pets for child care centers.

-Pets that are generally allowed in child care settings include: fish, gerbils, hamsters, guinea pigs, domestic-bred rats, domestic-bred mice, rabbits, dogs, cats and some birds.

-Children should wash their hands after handling any pet or pet item.

-All pets, whether kept indoors or outside, should be in good health, show no evidence of disease, and be friendly toward children.

-Dogs or cats should have documented proof of immunizations, and be kept on flea, tick, and worm control programs.

-Pet living quarters should be kept clean. All pet waste should be disposed of immediately. Litter boxes should not be accessible to children.

-Child care providers should always be present when children play with pets.

-Children should be taught how to behave around a pet. They should be taught not to provoke the pet or remove the pet's food. They should always keep their faces away from a pet's mouth, beak, or claws.

-If you have a pet in your child care facility, tell parents before they enroll their child. Some children have allergies that may require the parents to find other child care arrangements.

EXCLUSION FOR ILLNESS

As a child care provider, you will need a clearly written policy for excluding sick children from your child care facility. Give each parent and guardian a copy of your Exclusion for Illness Policy when each child is enrolled. Explain the policy and answer any questions that the parents or guardians have at that time. This will prevent problems later when a child is sick.

Children can become sick quickly. You should be aware of signs and symptoms of illness and know what to do if a child becomes ill. You should have a procedure for recording in writing, and reporting any unusual illness or injury.

Each day when the children arrive at your facility you should:

- Check the overall health of each child. Note any unusual symptoms and ask parents or guardians about any unusual health or behavior while the child was not in your care.
- If a child does not appear well enough to participate in activities as usual and/or has any symptoms requiring removal from the child care setting, the child should not be allowed to attend the child care facility at that time. (See below, as well as individual disease fact sheets, for more detailed information).
- You should continue to watch each child's health throughout the day while in your care. Because infections spread easily among children, you should look for the symptoms requiring removal of a child from a child care setting (see below, as well as individual fact sheets).

Symptoms Requiring Removal of a Child from the Child Care Setting:

Fever--AND sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion. Fever is defined as having a temperature of 100°F or higher taken under the arm, 101°F taken orally, or 102°F taken rectally. For children 4 months or younger, the lower rectal temperature of 101° is considered a fever threshold.

Diarrhea--runny, watery, or bloody stools

Vomiting--2 or more times in a 24-hour period.

Body rash with fever.

Sore throat with fever and swollen glands.

Severe coughing--child gets red or blue in the face or makes high-pitched whooping sound after coughing.

Eye discharge--thick mucus or pus draining from the eye, or pink eye.

Yellowish skin or eyes.

Child is irritable, continuously crying, or requires more attention that you can provide without hurting the health and safety of other children in your care.

Provider Exclusion/Readmittance Criteria

A child care provider should be temporarily excluded from providing care to children if she or he has one or more of the following conditions.

<u>Condition</u>	<u>Exclude from Child Care Facility</u>
Chickenpox	Until 6 days after the start of rash or when pox have crusted.
Shingles	Only if sores cannot be covered by clothing or a dressing; if not, exclude until sores have crusted and are dry. A person with active shingles should not care for immune suppressed children.
Measles	Until 5 days after rash starts.
Rubella	Until 6 days after rash starts.
Mumps	Until 9 days after glands begin to swell.
Diarrheal illness	If 3 or more episodes of loose stools during previous 24 hours, or if diarrhea is accompanied by fever, until diarrhea resolves.
Vomiting	If 2 or more episodes of vomiting during the previous 24 hours, or if accompanied by a fever, until vomiting resolves or is determined to be due to such noninfectious conditions as pregnancy or a digestive disorder.
Hepatitis A	For 1 week after jaundice appears or as directed by public health, especially when no symptoms are present.
Pertussis	Until 5 days of antibiotic therapy
Impetigo	Until 24 hours after antibiotic treatment begins and lesions are not draining.
Active Tuberculosis (TB)	Until the public health approves return to the facility.
Strep throat	Until 24 hours after initial antibiotic treatment and fever has ended.
Scabies/head lice/etc.	Until 24 hours after treatment has begun.
Purulent conjunctivitis	Until 24 hours after antibiotic treatment has begun.

Health Risks for Pregnant Child Care Providers

Knowing your health history is especially important if you are pregnant or could become pregnant and are providing child care. Several childhood diseases can harm the unborn child, or fetus, of a pregnant woman exposed to these diseases for the first time. These diseases are:

Chickenpox or Shingles (Varicella Virus)--First-time exposure to this virus during pregnancy may cause miscarriage, multiple birth defects, and severe disease in newborns. Chickenpox can be a serious illness in adults. Most people (90% to 95% of adults) were exposed to chickenpox as children and are immune. For women who do not know if they had chickenpox as a child, a blood test can verify if they are immune. If they are not immune, a chickenpox vaccine is now available. Vaccination against chickenpox before you get pregnant may reduce the risk of passing the virus to your fetus should you become pregnant in the future and then are exposed to chickenpox. Because the vaccine may harm a fetus, the vaccine is not given to pregnant women. Your physician will ask you if you are pregnant before giving you the vaccination and will advise you to avoid pregnancy for 1 month following each dose of vaccine.

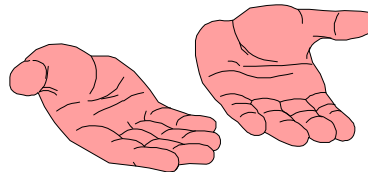
Cytomegalovirus (CMV)--First-time exposure to CMV during pregnancy may cause hearing loss, seizures, mental retardation, deafness, and/or blindness in the newborn. In the United States, cytomegalovirus is a common infection passed from mother to child at birth. Providers who care for children under 2 years of age are at increased risk of exposure to CMV. Most people (and 40% to 70% of women of childbearing age) have been exposed to CMV and are immune. There is no licensed vaccine against CMV.

Fifth Disease (erythema infectiosum)--First-time exposure to fifth disease during pregnancy may increase the risk of fetal damage or death. Most people (and 30% to 60% of women of childbearing age) have been exposed to the virus and are immune. There is no vaccine licensed for fifth disease.

Rubella (German or 3-day measles)--First-time exposure to rubella during the first 3 months of pregnancy may cause fetal deafness, cataracts, heart damage, mental retardation, miscarriage, or stillbirth. Rubella can also be a severe illness in adults. Everyone who works in a child care facility should have proof of immunity to rubella on file at the facility. Child care providers can be considered immune only if (a) they have had a blood test for rubella antibodies and the laboratory report shows antibodies or, (b) they have been vaccinated against rubella on or after their first birthday. Providers who are not immune should be vaccinated. Because it is not known whether the vaccine may harm a fetus, a woman should not be vaccinated if she is pregnant. After vaccination, a woman should avoid getting pregnant for 3 months.

HANDWASHING

Most experts agree that the single most effective practice that prevents the spread of germs in the child care setting is good handwashing by child care providers, children, and others. Some activities in particular expose children and providers to germs or the opportunity to spread them. You can stop the spread of germs by washing your hands and teaching the children in your care good handwashing practices.



When Hands Should Be Washed:

Children:

- Upon arrival at the child care setting
- Immediately before and after eating
- After using the toilet or having their diapers changed.
- Before using water tables.
- After playing on the playground.
- After handling pets, pet cages, or other pet objects.
- Whenever hands are visibly dirty.
- Before going home.

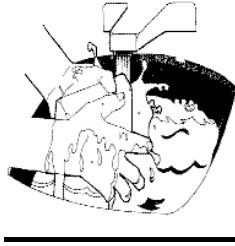
Providers:

- Upon arrival at work.
- Immediately before handling food, preparing bottles, or feeding children.
- After using the toilet, assisting a child in using the toilet, or changing diapers.
- After contacting any body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
- After handling pets, pet cages, or other pet objects.
- Whenever hands are visibly dirty or after cleaning up a child, bathroom items, or toys.
- *After removing gloves used for any purpose.
- Before giving or applying medication or ointment to a child or self.
- Before going home.

*If gloves are being used, hands should be washed immediately after gloves are removed even if hands are not visibly contaminated. Use of gloves alone will not prevent contamination of hands or spread of germs and should not be considered a substitute for handwashing.

Rubbing hands together under running water is the most important part of washing away infectious germs. Premoistened towelettes or wipes and waterless hand cleaners should not be used as a substitute for washing hands with soap and running water. Towelettes should only be used to remove residue, such as food off a baby's face or feces from a baby's bottom during diaper changing. When running water is unavailable, such as during an outing, towelettes may be used as a temporary measure until hands can be washed under running water. A child care provider may use a towelette to clean hands while diapering a child who cannot be left alone on a changing table that is not within reach of running water. However, hands should be washed as soon as diapering is completed and child is removed from the changing table. Water basins should not be used as an alternative to running water. If forced to use a water basin as a temporary measure, clean and disinfect the basin between each use. Outbreaks have been linked with sharing wash water and washbasins.

HOW TO WASH HANDS



*Always use warm, running water and a mild, preferably liquid, soap. Antibacterial soaps may be used, but are not required. Premoistened cleansing towelettes do not effectively clean hands and do not take the place of handwashing.

*Wet the hands and apply a small amount (dime to quarter size) of liquid soap to hands.

*Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds. Be sure to scrub between fingers, under fingernails, and around the tops and palms of the hands.

*Rinse hands under warm running water. Leave the water running while drying hands.

*Dry hands with a clean, disposable (or single use) towel, being careful to avoid touching the faucet handles or towel holder with clean hands.

*Turn the faucet off using the towel as a barrier between your hands and the faucet handle.

*Discard the used towel in a trash can lined with a fluid-resistant (plastic) bag. Trash cans with foot-pedal operated lids are preferable.

*Consider using hand lotion to prevent chapping of hands. If using lotions, use liquids or tubes that can be squirted so that the hands do not have direct contact with container spout.

*Direct contact with the spout could contaminate the lotion inside the container.

*When assisting a child in handwashing, either hold the child (if an infant) or have the child stand on a safety step at a height at which the child's hands can hang freely under the running water.

*Assist the child in performing all of the above steps and then wash your own hands.



PLEASE POST

HANDWASHING

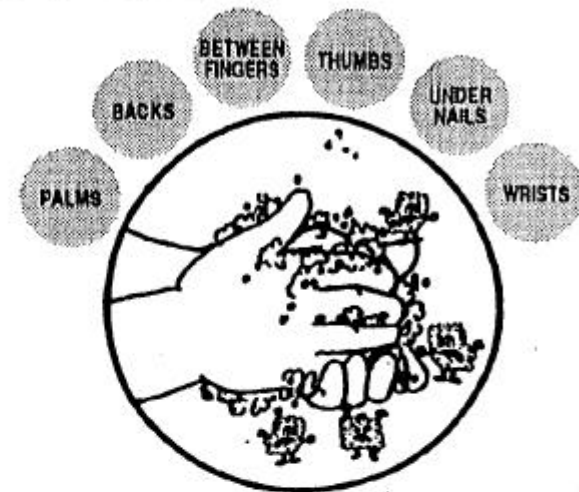
Steps



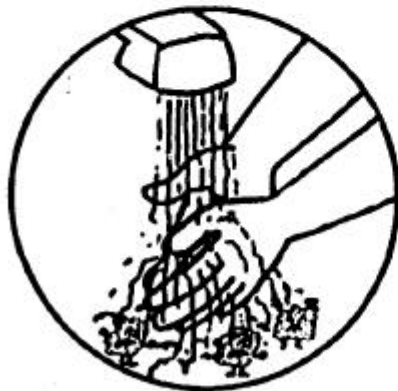
1. WET



2. SOAP



3. WASH



4. RINSE

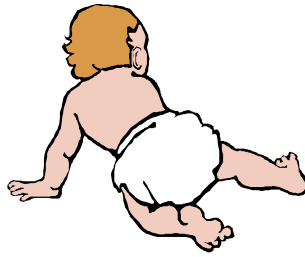


5. DRY



6. TURN OFF WATER
WITH PAPER TOWEL

DIAPERING



Two different diaper changing methods may be used to minimize the risk of transmitting infection from one child to another or to a provider. One method involves the use of gloves and the other does not. The method you select should be used consistently in your child care setting. Whichever method you choose, you should never wash or rinse diapers or clothes soiled with fecal material in the child care setting. Because of the risk of splashing, and gross contamination of hands, sinks, and bathroom surfaces, rinsing increases the risk that you, other providers, and the children would be exposed to germs that cause infection. All soiled clothing should be bagged and sent home with the child without rinsing. (You may dump solid feces into a toilet.) You need to tell parents about this procedure and why it is important.

The following recommended procedure notes additional steps to be included when using gloves. Gloves are not required, but some people prefer to use gloves to prevent fecal material from getting under their nails. Child care providers should keep their fingernails short, groomed, and clean. Using a soft nail brush to clean under the nails during handwashing will remove soil under the nails.

Recommended Procedure for Diapering a Child:

1. Organize needed supplies within reach:

- fresh diaper and clean clothes (if necessary)
- dampened paper towels or premoistened towelettes for
- cleaning child's bottom
- child's personal, labeled, ointment (if provided by parents)
- trash disposal bag

2. Place a disposable covering (such as roll paper) on the portion of the diapering table where you will place the child's bottom. Diapering surfaces should be smooth, nonabsorbent, and easy to clean. Don't use areas that come in close contact with children during play, such as couches, floor areas where children play, etc.

3. If using gloves, put them on now.

4. Using only your hands, pick up and hold the child away from your body. Don't cradle the child in your arms and risk soiling your clothing.

5. Lay the child on the paper or towel.

6. Remove soiled diaper (and soiled clothes).

7. Put disposable diapers in a plastic-lined trash receptacle.

8. Put soiled reusable diaper and/or soiled clothes

WITHOUT RINSING in a plastic bag to give to parents.

9. **Clean child's bottom** with a premoistened disposable towelette or a dampened, single-use, disposable towel.

10. **Place the soiled towelette or towel** in a plastic-lined trash receptacle.

11. **If the child needs a more thorough washing**, use soap, running water, and paper towels.

12. **Remove the disposable covering from beneath the child.** Discard it in a plastic-lined receptacle.

13. **If you are wearing gloves**, remove and dispose of them now in a plastic-lined receptacle.

14. **Wash your hands.** **NOTE:** The diapering table should be next to a sink with running water so that you can wash your hands without leaving the diapered child unattended. However, if a sink is not within reach of the diapering table, don't leave the child unattended on the diapering table to go to a sink; wipe your hands with a premoistened towelette instead. **NEVER leave a child alone on the diapering table.**

15. **Wash the child's hands under running water.**

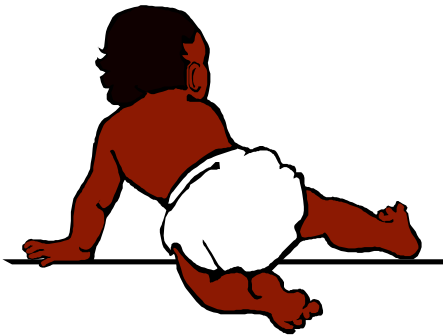
16. **Diaper and dress the child.**

17. **Disinfect the diapering surface immediately after you finish diapering the child.**

18. **Return the child to the activity area.**

19. **Clean and disinfect:** The diapering area, all equipment or supplies that were touched, and soiled crib or cot, if needed.

20. **Wash your hands under running water.**



USING TOILET-TRAINING EQUIPMENT

Potty chairs are difficult to keep clean and out of the reach of children. Small size flushable toilets or modified toilet seats and step aids are preferable. If potty chairs are used for toilet training, you should use potty chairs only in a bathroom area and out of reach of toilets or other potty chairs. After each use of a potty chair, you should:

- Immediately empty the contents into a toilet, being careful not to splash or touch the water in the toilet.

- Rinse the potty with water from a sink used only for custodial cleaning. DO NOT rinse the potty in a sink used for washing hands. A sink used for food preparation should NEVER be used for this purpose.

- Dump the rinse water into a toilet.

- Wash and disinfect the potty chair.

- Wash and disinfect the sink and all exposed surfaces.

- Wash your hands thoroughly.



CLEANING AND DISINFECTION

Keeping the child care environment clean and orderly is very important for health, safety, and the emotional well-being of both children and providers. One of the most important steps in reducing the number of germs, and therefore the spread of disease, is the thorough cleaning of surfaces that could possibly pose a risk to children or staff. Surfaces considered most likely to be contaminated are those with which children are most likely to have close contact. These include toys that children put in their mouths, crib rails, food preparation areas, and surfaces likely to become very contaminated with germs, such as diaper-changing areas.

Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the child care setting. Good mechanical cleaning (scrubbing with soap and water) physically reduces the numbers of germs from the surface, just as handwashing reduces the numbers of germs from the hands. Removing germs in the child care setting is especially important for soiled surfaces which cannot be treated with chemical disinfectants, such as some upholstery fabrics.

However, some items and surfaces should receive an additional step, disinfection, to kill germs after cleaning with soap and rinsing with clear water. Items that can be washed in a dishwasher or hot cycle of a washing machine do not have to be disinfected because these machines use water that is hot enough for a long enough period of time to kill most germs. The disinfection process uses chemicals that are stronger than soap and water. Disinfection also usually requires soaking or drenching the item for several minutes to give the chemical time to kill the remaining germs. Commercial products that meet the Environmental Protection Agency's (EPA's) standards for "hospital grade" germicides (solutions that kill germs) may be used for this purpose. One of the most commonly used chemicals for disinfection in child care settings is a homemade solution of household bleach and water. Bleach is cheap and easy to get. The solution of bleach and water is easy to mix, is nontoxic, is safe if handled properly, and kills most infectious agents. (Be aware that some infectious agents are not killed by bleach. For example, cryptosporidia is only killed by ammonia or hydrogen peroxide.)

Recipe for Bleach Disinfecting Solution
(For use in bathrooms, diapering areas, etc.)

1/4 cup bleach/1 gallon cool water
OR
1 tablespoon bleach/1 quart cool water

Recipe for Weaker Bleach Disinfecting Solution
(For use on toys, eating utensils, etc.)

1 tablespoon bleach/1gallon cool water

Add the bleach to the water. A solution of bleach and water loses its strength very quickly and easily. It is weakened by organic material, evaporation, heat, and sunlight. Therefore, bleach solution should be mixed fresh each day to make sure it is effective. Any leftover solution should be discarded at the end of the day. NEVER mix bleach with anything but fresh tap water! Other chemicals may react with bleach and create and release a toxic chlorine gas.

Keep the bleach solution you mix each day in a cool place out of direct sunlight, and out of the reach of children.

Washing and Disinfecting Bathrooms and Other Surfaces

Bathroom surfaces, such as faucets, handles, and toilet seats should be washed and disinfected several times a day, if possible, but at least once daily or when obviously soiled. The bleach and water solution or chlorine-containing scouring powders or other commercial bathroom surface cleaners/disinfectants can be used in these areas. Surfaces that infants and young toddlers are likely to touch or mouth, such as crib rails, should be washed with soap and water and disinfected with a nontoxic disinfectant, such as bleach solution, at least once daily, more often if visibly soiled. After the surface has been drenched or soaked with the disinfectant for at least 10 minutes, surfaces likely to be mouthed should be thoroughly wiped with a fresh towel moistened with tap water. Be sure not to use a toxic cleaner on surfaces likely to be mouthed. Floors, low shelves, door knobs, and other surfaces often touched by children wearing diapers should be washed and disinfected at least once a day and whenever soiled.

Washing and Disinfecting Diaper Changing Areas

Diaper changing areas should:

- Only be used for changing diapers.
- Be smooth and nonporous, such as formica (NOT wood).
- Have a raised edge or low "fence" around the area to prevent a child from falling off.
- Be next to a sink with running water.
- Not be used to prepare food, mix formula, or rinse pacifiers.
- Be easily accessible to providers.
- Be out of reach of children.

Diaper changing areas should be cleaned and disinfected after each diaper change as follows:

- Clean the surface with soap and water and rinse with clear water.
- Dry the surface with a paper towel.
- Thoroughly wet the surface with the recommended bleach solution.
- Air dry. Do not wipe.

Washing and Disinfecting Clothing, Linen, and Furnishings

Do not wash or rinse clothing soiled with fecal material in the child care setting. You may empty solid stool into the toilet, but be careful not to splash or touch toilet water with your hands. Put the soiled clothes in a plastic bag and seal the bag to await pick up by the child's parent or guardian at the end of the day. Always wash your hands after handling soiled clothing.

Explain to parents that washing or rinsing soiled diapers and clothing increases the chances that you and the children may be exposed to germs that cause diseases. Although receiving soiled clothes isn't pleasant, remind parents that this policy protects the health of all children and providers. Each item of sleep equipment, including cribs, cots, mattresses, blankets, sheets, etc., should be cleaned and sanitized before being assigned to a specific child. The bedding items should be labeled with that child's name, and should only be used by that child. Children should not share bedding. Infants' linens (sheets, pillowcases, blankets) should be cleaned and sanitized daily, and crib mattresses should be cleaned and sanitized weekly and when soiled or wet. Linens from beds of older children should be laundered at least weekly and whenever soiled. However, if a child inadvertently uses another child's bedding, you should change the linen and mattress cover before allowing the assigned child to use it again. All blankets should be changed and laundered routinely at least once a month.

Washing and Disinfecting Toys



-Infants and toddlers should not share toys. Toys that children (particularly infants and toddlers) put in their mouths should be washed and disinfected between uses by individual children. Toys for infants and toddlers should be chosen with this in mind. If you can't wash a toy, it probably is not appropriate for an infant or toddler.

-When an infant or toddler finishes playing with a toy, you should retrieve it from the play area and put it in a bin reserved for dirty toys. This bin should be out of reach of the children. Toys can be washed at a later, more convenient time, and then transferred to a bin for clean toys and safely reused by other children.

To wash and disinfect a hard plastic toy:

- Scrub the toy in warm, soapy water. Use a brush to reach into the crevices.
- Rinse the toy in clean water.
- Immerse the toy in a mild bleach solution and allow it to soak in the solution for 10-20 minutes.
- Remove the toy from the bleach solution and rinse well in cool water.
- Air dry.

-Hard plastic toys that are washed in a dishwasher, or cloth toys washed in the hot water cycle of a washing machine, do not need to be additionally disinfected.

-Children in diapers should only have washable toys. Each group of children should have its own toys. Toys should not be shared with other groups.

-Stuffed toys used by only a single child should be cleaned in a washing machine every week, or more frequently if heavily soiled.

-Toys and equipment used by older children and not put into their mouths should be cleaned at least weekly and when obviously soiled. A soap and water wash followed by clear water rinsing and air drying should be adequate. No disinfection is required. (These types of toys and equipment include blocks, dolls, tricycles, trucks, and other similar toys.)

-Do not use wading pools, especially for children in diapers.

-Water play tables can spread germs. To prevent this:

- Disinfect the table with chlorine bleach solution before filling it with water.
- Disinfect all toys to be used in the table with chlorine bleach solution.
- Avoid using sponge toys. They can trap bacteria and are difficult to clean.
- Have all children wash their hands before and after playing in the water table.
- Do not allow children with open sores or wounds to play in the water table.
- Carefully supervise the children to make sure they don't drink the water.
- Discard water after play is over.

Cleaning Up Body Fluid Spills



Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine, and vomit should be cleaned up immediately. Wear gloves unless the fluid can be easily contained by the material (i.e., paper tissue or cloth) being used to clean it up. Be careful not to get any of the fluid you are cleaning in your eyes, nose, mouth or any open sores you may have. Clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled.

Discard fluid-contaminated material in a plastic bag that has been securely sealed. Mops used to clean up body fluids should be (1) cleaned, (2) rinsed with a disinfecting solution, (3) wrung as dry as possible, and (4) hung to dry completely. Be sure to wash your hands after cleaning up any spill.

FOOD SAFETY AND SANITATION



Poor food preparation, handling, or storage can quickly result in food being contaminated with germs and may lead to illness if the contaminated food is eaten. Cleaning products and foods should always be stored in different locations, out of reach of children.

To wash, rinse, and disinfect dishes by hand:

- Fill one sink compartment or dishpan with hot tap water and a dishwashing detergent.
- Fill the second compartment or dishpan with hot tap water.
- Fill the third compartment or dishpan with hot tap water and 1-1/2 tablespoons of liquid chlorine bleach for each gallon of water.
- Scrape dishes and utensils and dispose of excess food.
- Immerse scraped dish or utensil in first sink compartment or dishpan and wash thoroughly.
- Rinse dish or utensil in second dishpan of clear water.
- Immerse dish or utensil in third dishpan of chlorinated water for at least 1 minute.
- Place dish or utensil in rack to air dry.

Note: Food preparation and dishwashing sinks should only be used for these activities and should never be used for routine handwashing or diaper changing activities.

Information on how to prevent foodborne illnesses by safely handling food, see "Foodborne Illnesses in the Child Care Setting" in the Disease Fact sheet section of this handbook.

DELAWARE REPORTABLE DISEASES

Division of Public Health-Epidemiology Branch (302) 739-5617

Acquired Immune Deficiency Syndrome (AIDS) (S)	Lymphogranuloma Venereum (S)
Anthrax (T)	Malaria
Botulism (T)	Measles (T)
Brucellosis	Meningitis (all types other than meningococcal)
Campylobacteriosis	Meningococcal Infections (all types) (T)
Chancroid (S)	Mumps (T)
Chlamydia trachomatis infection (S)	Pelvic Inflammatory Disease (resulting from gonococcal and/or chlamydial infections) (S)
Cholera (T)	Pertussis (T)
Cryptosporidiosis	Plague (T)
Cyclosporidiosis	Poliomyelitis (T)
Diphtheria (T)	Psittacosis
E. Coli 0157:H7 infection (T)	Rabies (man, animal) (T)
Encephalitis	Reye Syndrome
Ehrlichiosis	Rocky Mountain Spotted Fever
Foodborne Disease Outbreaks (T)	Rubella (T)
Giardiasis	Rubella (congenital) (T)
Gonococcal Infections (S)	Salmonellosis
Granuloma Inguinale (S)	Shigellosis
Hantavirus (T)	Streptococcal disease (invasive group A)
Hansen's Disease (Leprosy)	Streptococcal toxic shock syndrome (STSS)
Hemolytic Uremic Syndrome (HUS)	Syphilis (S)
Hepatitis A (T)	Syphilis (congenital) (T)
Hepatitis B (S)	Tetanus
Hepatitis C & unspecified	Toxic Shock Syndrome
Herpes (congenital) (S)	Trichinosis
Herpes (genital) (N)	Tuberculosis
Histoplasmosis	Tularemia
Human Immunodeficiency Virus (HIV) (N)	Typhoid Fever (T)
Human papillomavirus (genital warts) (N)	Vaccine Adverse Reactions
Influenza (N)	Varicella (N)
Lead Poisoning	Waterborne Disease Outbreaks (T)
Legionnaires Disease	Yellow Fever (T)
Leptospirosis	
Lyme Disease	

(T) report by rapid means.

(N) report in number only when so requested

For all diseases not marked by (T) or (N):

(S) - sexually transmitted disease, report required in 1 day

Others - report required in 2 days

DRUG RESISTANT ORGANISMS REQUIRED TO BE REPORTED

Staphylococcus aureus intermediate or resistance
to Vancomycin (MIC >8ug/ml)

Streptococcus pneumoniae drug-resistant, invasive
disease

FACT SHEETS



Asthma in the Child Care Setting

Asthma is a chronic breathing disorder and is the most common chronic health problem among children. Children with asthma have attacks of coughing, wheezing, and shortness of breath, which may be very serious. These symptoms are caused by spasms of the air passages in the lungs. The air passages swell, become inflamed, and fill with mucus, making breathing difficult. Many asthma attacks occur when children get respiratory infections, including infections caused by common cold viruses. Attacks can also be caused by: exposure to cigarette smoke, stress, strenuous exercise, weather conditions, including cold, windy, or rainy days, allergies to animals, dust, pollen, or mold, indoor air pollutants, such as paint, cleaning materials, chemicals, or perfumes, or outdoor air pollutants, such as ozone.

As with any child with a chronic condition, the child care provider and parents should discuss specific needs of the child and whether they can be sufficiently met by the provider. Some people believe that smaller-sized child care centers or family child care home environments may be more beneficial to a child with asthma because exposure to common respiratory viruses may be reduced. However, this has not been proven to be true.

Children with asthma may be prescribed medications to relax the small air passages and/or to prevent passages from becoming inflamed. These medications may need to be administered every day or only during attacks. *The child care provider should be given clear instructions on how and when to administer all medication and the name and telephone number of the child's doctor.*

The child care provider should be provided with and keep on file an asthma action plan for each child with asthma. An asthma action plan lists emergency information, activities or conditions likely to trigger an asthma attack, current medications being taken, medications to be administered by the child care provider, and steps to be followed if the child has an acute asthma attack. Additional support from the child's health care providers should be available to the child care provider as needed.

Some preventive measures for reducing asthma attacks include:

Avoiding allergic agents such as dust, plush carpets, feather pillows, and dog and cat dander. Installing low-pile carpets, vacuuming daily, and dusting frequently can help to reduce allergic agents. A child who is allergic to dogs or cats may need to be placed in a facility without pets. Stopping exercise if the child begins to breathe with difficulty or starts to wheeze. Avoiding strenuous exercise. Avoiding cold, damp weather. A child with asthma may need to be kept inside on cold, damp days or taken inside immediately if cold air triggers an attack.

If a child with asthma has trouble breathing:

*****If a child is unable to breathe, call 911*****

- 1. Stop the child's activity and remove whatever is causing allergic reaction, if you know what it is.*
- 2. Calm the child; give medication prescribed, if any, for an attack.*
- 3. Contact the parents.*
- 4. If the child does not improve very quickly, and the parents are unavailable, call the child's doctor.*
- 5. Record the asthma attack in the child's file. Describe the symptoms, how the child acted during the attack, what medicine was given, and what caused the attack, if known.*

Baby Bottle Tooth Decay and Oral Health in the Child Care Setting

Although the responsibility for a child's oral health rests with the parents, child care providers play an important role in maintaining the oral health of children in child care settings. Knowing a few basic oral health guidelines can greatly help a child care provider's ability to do so.

Although tooth decay is not as common as it used to be, it is still one of the most common diseases in children. Many children still get cavities. While fluoridated drinking water and fluoride-containing toothpaste have helped to improve the oral health of both children and adults, regular toothbrushing and a well-balanced diet are still very important to maintaining good oral health.

Primary, or baby, teeth commonly begin to come in or erupt in a baby's mouth at about 4 to 6 months of age and continue until all 20 have come in at about the age of 2-1/2 years. This eruption of primary teeth, or teething, can cause sore and tender gums that appear red and puffy. To relieve the soreness, give the baby a cold teething ring or washcloth to chew on. Teething medicine is not recommended.

Many primary teeth will not be replaced by permanent teeth for 10 to 12 years. Until that time, they need to be kept healthy to enable a child to chew food, speak, and have an attractive smile. Primary teeth are at risk for decay soon after they erupt. Tooth decay is caused by germs (bacteria) and sugars from food or liquids building up on a tooth. Over time, these bacteria dissolve the enamel, or outer layer, of the tooth. This damaged area is called a cavity. Regular brushing prevents the build-up of bacteria and sugars and the damage they cause.

Baby bottle tooth decay (or nursing bottle mouth) is a leading dental problem for children under 3 years of age. Baby bottle tooth decay occurs when a child's teeth are exposed to sugary liquids, such as formula, fruit juices, and other sweetened liquids for a continuous, extended period of time. The practice of putting a baby to bed with a bottle, which the baby can suck on for hours, is the major cause of this dental condition. The sugary liquid flows over the baby's upper front teeth and dissolves the enamel, causing decay that can lead to infection. The longer the practice continues, the greater the damage to the baby's teeth and mouth. Treatment is very expensive.

The American Academy of Pediatric Dentistry has developed the following guidelines for preventing baby bottle tooth decay:

Don't allow a child to fall asleep with a bottle containing milk, formula, fruit juices, or other sweet liquids. Never let a child walk with a bottle in her mouth. Comfort a child who wants a bottle between regular feedings or during naps with a bottle filled with cool water. Always make sure a child's pacifier is clean and never dip a pacifier in a sweet liquid. Introduce children to a cup as they approach 1 year of age. Children should stop drinking from a bottle soon after their first birthday. Notify the parent of any unusual red or swollen areas in a child's mouth or any dark spot on a child's tooth so that the parent can consult the child's dentist.

Bacterial Meningitis in the Child Care Setting

Meningitis is an inflammation of the membranes that cover the brain and spinal cord. The cause of this inflammation is infection with either bacteria or viruses.

Meningitis caused by a bacterial infection (sometimes called spinal meningitis) is one of the most serious types, sometimes leading to permanent brain damage or even death. Bacterial meningitis is most commonly caused by bacteria called *Neisseria meningitidis* (meningococcal meningitis), *Streptococcus pneumoniae*, or *Haemophilus influenzae* serotype b (H. flu meningitis). These bacteria are carried in the upper back part of the throat (called the nasopharynx) of an infected person and are spread either through the air (when the person coughs or sneezes organisms into the air) or by direct contact with secretions from the nasopharynx of the infected person. However, transmission usually occurs only after very close contact with the infected person.

Symptoms of bacterial meningitis include sudden onset of fever, headache, neck pain or stiffness, vomiting (often without abdominal complaints), and irritability. These symptoms may quickly progress to decreased consciousness (difficulty in being aroused), convulsions, and death. **For this reason, if any child displays symptoms of possible meningitis, he or she should receive medical care immediately.**

Meningitis caused by *Haemophilus influenza* serotype b (Hib) can be prevented with Hib vaccine, which is part of routine childhood immunizations. Some cases of meningococcal meningitis can also be prevented by vaccine. However, this vaccine is not used routinely, and usually only during outbreaks or in high risk children.

Children with bacterial meningitis are almost always hospitalized. Providers are often told only that the child has meningitis and may not know the exact type.

If a child or adult in your child care facility is diagnosed with bacterial meningitis:

Verify the type of meningitis involved. If a child in your care is diagnosed, contact the child's physician, explain that the child attends your facility, and you need to know the type of meningitis.

If H.flu is involved, exclude the child during acute illness and until treated. Review immunization status of children to identify children who have not received their Hib vaccine. Immediately contact the Division of Public Health, Epidemiology Branch at 302-739-5617. This Branch will recommend that you notify parents and potentially exposed persons as well as preventive antibiotics to reduce the risk of infections in exposed persons who may not be adequately vaccinated.

Closely observe all remaining children and staff for any possible early signs of illness. IMMEDIATELY refer to a physician any exposed child or adult who develops fever, headache, rashes, spots, unusual behavior, or other symptoms of concern regardless of whether they have taken preventive antibiotics. Encourage close cooperation, support, and information sharing with staff and parents regarding measures being taken to reduce the risk of further transmission.

BITING INCIDENTS

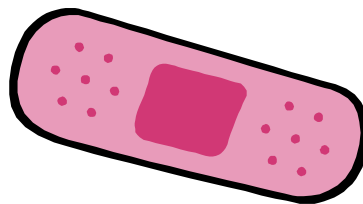
Biting can be a common occurrence in the child care or school setting. The risk of hepatitis B virus (HBV) or Human Immunodeficiency Virus (HIV) transmission from a bite is extremely low for both the child who was bitten and the child who did the biting. The extremely low risk of transmission is related to the difficulty transmitting the virus by biting. In addition, many infants are now being vaccinated against the hepatitis B virus and the prevalence of HBV carriers among preschool children (3-5 year olds) is expected to be low. Policies and procedures should be in place before the incident occurs in order to ensure proper communication with the parents.

When a biting occurs between 2 children, the following activities should be considered:

- A) Determine the significance of the bite (skin breakage, presence of open wound or puncture wound).
- B) Provide immediate first aid to the bite wound.
- C) Inform parents of both children of the biting incident. If the bite was significant, encourage the parents to consult with their primary health care provider about any follow-up measures. (The names of the children should be kept confidential. However, in the event that relevant health/medical information is known for either child involved in the incident, parental consent to release information to the other parent must be obtained. Child care policies should be written to address these situations.)

Reasons for consulting with the health care provider include:

- A) Human bites may cause local infection.
- B) The bitten child should be current with tetanus/diphtheria/pertussis (DPT) immunization.
- C) It is unlikely that the bite will be the source of transmission for a communicable disease like HBV or HIV, therefore follow-up blood testing for the biting child or the child who was bitten is not usually recommended. However, each situation must be evaluated individually.
- D) Document the incident as established by policy.
- E) Parents and child care providers should address the biting behaviors so measures can be taken to prevent further incidents.
- F) A child who is HBV or HIV positive and who continues to bite should be assessed by a team of medical experts to determine whether the child can safely remain in the child care or school setting.



Campylobacter Infections in the Child Care Setting

Campylobacter infections are caused by a group of bacteria which are found in many different birds and mammals. While we once thought that this group only caused infections in other animals, we now know that the campylobacteria are responsible for a number of diseases, including diarrheal illness, in humans. Persons often become infected when they eat or drink foods or liquids contaminated with feces of infected animals. Similar exposure to human feces, especially from diapered children, may promote transmission in child care settings. Many people become infected from eating poorly cooked meats, especially poultry. Waterborne infections result from drinking water from contaminated wells, springs or streams, and this is a leading cause of diarrhea among backpackers in some parts of the United States.

Although outbreaks of campylobacter diarrhea have been reported from child care facilities, these are rare and child care providers are more likely to encounter this as a sporadic case. To prevent campylobacter infections in your facility:

- Make sure that all meats, especially poultry, are cooked completely before serving. Take care to avoid contaminating foods that will not be cooked with juice from raw meats and poultry.*
- Practice good hygiene, especially careful handwashing after handling pets and cleaning their cages or pens.*
- Isolate animals with diarrhea from children and take them to a veterinarian for diagnosis and treatment. However, these bacteria may also be present in feces of apparently healthy pets.*
- Exclude until 48 hours of effective therapy or until diarrhea resolves, whichever is shorter.** *Although campylobacter may be present in the feces for a few weeks after diarrhea has ceased, transmission is believed less likely than during diarrhea.*
- Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed campylobacter. This infection is reportable.*

Chickenpox in the Child Care Setting

Chickenpox is a very contagious disease caused by the varicella zoster virus. Most children in the United States experience chickenpox before they are school-aged. A vaccine against chickenpox is available. Although chickenpox is not a serious disease for most children, those whose immune systems are impaired (i.e., newborns and persons who are on chemotherapy for cancer, have AIDS, or take steroids like cortisone or prednisone) may experience severe disease, or even death. Chickenpox can also cause more severe health problems in pregnant women, causing stillbirths or birth defects, and can be spread to their babies during childbirth. Occasionally chickenpox can cause serious, life-threatening illnesses, such as encephalitis or pneumonia, especially in adults. In the past, some children who had chickenpox and were given aspirin developed Reye's Syndrome, which affects the liver and brain and results in the abrupt onset of seizures and, in some cases, death. For this and other reasons, aspirin should not be given to any child.

Chickenpox usually begins as an itchy rash of small red bumps on the scalp that spreads to the stomach or back before spreading to the face. However, this pattern can vary from person to person. It is believed to be spread person-to-person when a susceptible person is exposed to respiratory tract secretions (i.e., those produced by coughing or running noses) or directly to fluid from the open sores of an infected person. The disease is so contagious in its early stages that an exposed person who is not immune to the virus has a 70% to 80% chance of contracting the disease.

After infection, the virus stays in the body for life. Although people cannot get chickenpox twice, the same virus causes “shingles” or herpes zoster. An adult with shingles can spread the virus to someone, adult or child, who has not had chickenpox and the susceptible person can develop chickenpox. However, persons who have had chickenpox previously and are exposed outside child care are unlikely to bring the infection to child care unless they become ill.

If an adult or child develops chickenpox in the child care setting:

Temporarily exclude the sick child or adult from the center. Allow the person to return when all chickenpox blisters have formed scabs. Notify all staff members and parents that a case of chickenpox has occurred. Urge anyone who you know has an impaired immune system or who might be pregnant to consult a physician about the need for special preventive treatment.

Contact the Division of Public Health, Epidemiology Branch at 302-739-5617 for further information and to report Varicella.

If a case of shingles occurs in the child care setting, the infected person should cover any lesions. If that is not possible, the person should be excluded from the child care setting until the lesions crust over.

Note: Children who have received the chickenpox vaccine may experience mild symptoms lasting a few days. However, still follow the exclusion guidelines per protocol.

Cold Sores in the Child Care Setting

Cold sores are usually caused by type 1 of the herpes simplex virus. Children often become infected with this virus in early childhood and many have no symptoms. When symptoms do occur, they may include fever, runny nose, and painful lesions (fever blisters or cold sores) on the lips or in the mouth. The blisters or cold sores usually form scabs and heal within a few days.

Cold sores are spread by direct contact with the lesions or saliva of an infected person. Spreading the virus within families is common.

To prevent the spread of herpes simplex virus in the child care setting:

Make sure all children and adults in the facility use good handwashing practices.

Do not allow children to share toys that can be put in their mouths. (Virus may be present even though sores are absent or not noticeable.)

After a child has mouthed a toy, remove it from the play area and put it in a bin for toys to be disinfected at day's end.

Only exclude a child with open blisters or mouth sores if the child is a biter, drools uncontrollably, or mouths toys that other children may in turn put in their mouths.

Do not kiss the child or allow the child to kiss others where direct contact with the sore may occur.

Use gloves if applying medicated ointment to the sore.

The Common Cold in the Child Care Setting

The common cold is caused by many different types of viruses. Usual symptoms can include sore throat, runny nose and watering eyes, sneezing, chills, and a general, all-over achiness.

Colds may be spread when a well person breathes in germs that an infected person has coughed, sneezed, or breathed into the air or when a well person comes in direct contact with the nose, mouth, or throat secretions of an infected person (for example, when a well person's hands touch a surface that the infected person has coughed or sneezed on).

To prevent the spread of colds:

- Make sure that all children and adults use good handwashing practices.
- Clean and disinfect all common surfaces and toys on a daily basis. (See section on "Cleaning and Disinfection").
- Make sure the child care facility is well ventilated, either by opening windows or doors or by using a ventilation system to periodically exchange the air inside the child care facility.
- Make sure that children are not crowded together, especially during naps on floor mats or cots.
- Teach children to cover coughs and wipe noses using disposable tissues in a way that secretions are contained by the tissues and do not get on their hands.

Excluding children with mild respiratory infections, including colds, is generally not recommended as long as the child can participate comfortably and does not require a level of care that would jeopardize the health and safety of other children. Such exclusion is of little benefit since viruses are likely to be spread even before symptoms have appeared.

Cryptosporidiosis in the Child Care Setting

Cryptosporidiosis is an infectious diarrheal disease caused by the *Cryptosporidium* parasite. Cryptosporidiosis is a common cause of diarrhea in children, especially those in child care settings. Symptoms usually include watery diarrhea and stomach ache, but can also include nausea and vomiting, general ill feeling, and fever. Healthy people who contract cryptosporidiosis almost always get better without any specific treatment. Symptoms can come and go for up to 30 days, but usually subside in less. However, cryptosporidiosis can cause severe illness in persons with compromised immune systems, such as those with HIV infection or those taking drugs that suppress the immune system.

Cryptosporidiosis is spread through fecal-oral transmission by feces of an infected person or an object that has been contaminated with the infected person's feces. Infection can also occur if someone ingests food or water contaminated with the parasite. Cryptosporidiosis outbreaks in child care settings are most common during late summer/early fall (August/September), but may occur at any time. *The spread of cryptosporidiosis is highest among children who are not toilet-trained, and higher among toddlers than infants, probably due to the toddlers' increased movement and interaction among other children. For child care providers, the risk is greatest for those who change diapers.*

Cryptosporidium is tougher to kill than most disease-causing organisms. The usual disinfectants, including most commonly used bleach solutions, have little effect on the *Cryptosporidium* parasite. An application of a 3% concentration of hydrogen peroxide seems to be the best choice for disinfection during an outbreak of cryptosporidiosis in the child care setting.

If an outbreak of cryptosporidiosis occurs in the child-care setting:

Contact the Division of Public Health, Epidemiology Branch at 302-739-5617. *Cryptosporidiosis is reportable. Health officials may require negative stool cultures from the infected child before allowing return to the child care setting.*

Exclude any child or adult with diarrhea until the diarrhea has ceased.

- Make sure that everyone in the child care setting practices good handwashing technique, using disposable towels.
- Wash your hands after using the toilet, after helping a child use the toilet, and after diapering a child and before preparing or serving food. (Note: In larger facilities, when staffing permits, people who change diapers should not prepare or serve food.)
- Have children wash their hands upon arrival at your child care facility, after using the toilet, after having their diapers changed (an adult should wash an infant's or small child's hands), and before eating snacks or meals.
- Disinfect toys, bathrooms, and food preparation surfaces daily.
- Notify parents of children who have been in direct contact with a child who has diarrhea.
- Parents should contact the child's physician if their child develops diarrhea.
- Make sure children wear clothing over their diapers to reduce the opportunity for diarrheal leakage.
- Notify any child care provider, the parents of any children, or any household contacts of a person known to have an impaired immune system. They should consult their physicians.

Cytomegalovirus (CMV) in the Child Care Setting

CMV is a virus with which most people eventually become infected. Children and staff in the child care setting are especially likely to be infected. Children usually have no symptoms when they become infected with CMV. Occasionally, older children in child care usually will develop an illness similar to mononucleosis, with a fever, sore throat, enlarged liver, and malaise.

However, there is no reason to exclude a child excreting CMV from child care.

CMV is spread from person to person by direct contact with body fluids such as blood, urine, or saliva. Thus, it may be spread through intimate contact such as in diaper changing, kissing, feeding, bathing, and other activities where a healthy person comes in contact with the urine or saliva of an infected person. CMV can also be passed from the mother to the child before birth. Congenital infection with CMV can cause hearing loss, mental retardation, and other birth defects. Since the greatest risk of damage to a fetus occurs during a woman's first infection with CMV, women who have never been infected with CMV are at risk of delivering an infant with CMV disease if they become infected during pregnancy. Child care providers who are or may become pregnant should be carefully counseled about the potential risks to a developing fetus due to exposure to cytomegalovirus.

Female child care providers who expect to become pregnant should:

- Be tested for antibodies to CMV.
- If test shows no evidence of previous CMV infection, reduce contact with infected children by working, at least temporarily, with children age 2 years or older, among whom there is far less virus circulation.
- Carefully wash their hands with warm water and soap after each diaper change and contact with children's saliva.
- Avoid contact with children's saliva by not kissing children on the lips and by not placing children's hands, fingers, toys, and other saliva-laden objects in their own mouths.

Note: Contact with children that does not involve exposure to saliva or urine poses no risk to a mother or child care provider and should not be avoided out of fear of potential infection with CMV.

Diarrheal Diseases in the Child Care Setting

Diarrhea can be caused by a variety of different germs, including bacteria, viruses, and parasites. However, children can sometimes have diarrhea without having an infection, such as when diarrhea is caused by food allergies or as a result of taking medicines such as antibiotics. A child should be considered to have diarrhea when the child's bowel movements are both more frequent than usual and looser and more watery than usual.

Children with diarrhea may have additional symptoms including nausea, vomiting, stomach aches, headache, or fever. **Children who are not toilet trained and have diarrhea should be excluded from child care settings regardless of the cause.**

Diarrhea is spread from person to person when a person touches the stool of an infected person or an object contaminated with the stool of an infected person and then ingests the germs, usually by touching the mouth with a contaminated hand. Diarrhea can also be spread by contaminated food. Children in diapers and child care providers who change their diapers have an increased risk of diarrheal diseases.

To prevent diarrheal diseases from spreading in the child care setting:

Exclude any child or adult who has diarrhea until these symptoms are gone.

- Make sure that everyone in the child care setting practices good handwashing technique.
- Wash your hands after using the toilet, helping a child use the toilet, and diapering a child and before preparing, serving, or eating food.
- Have children wash their hands upon arrival at your child care facility, after using the toilet, after having their diapers changed (an adult should wash an infant's or small child's hands), and before eating snacks or meals.
- Disinfect toys, bathrooms, and food preparation surfaces daily.
- Use disposable paper towels for handwashing.
- Use disposable table liners on changing tables and disinfect tables after each use.
- If at all possible, the person who prepares and/or serves food should not change diapers.
- If possible, diapered children should be cared for by different caregivers in a room separate from toilet-trained children.
- Use diapers with waterproof outer covers that can contain liquid stool or urine, or use plastic pants.
- Make sure that children always wear clothes over diapers.
- Wear gloves according to center protocol.

Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you learn that a child in your care has diarrhea due to *Shigella*, *Campylobacter*, *Salmonella*, *Giardia*, *Cryptosporidium*, *Hepatitis A*, or *Escherichia (E). coli*. Any child with prolonged, severe diarrhea or diarrhea with fever, or a known exposure to someone with infectious diarrhea, should be seen by a health care provider.

Diphtheria in the Child Care Setting

Diphtheria is a disease caused by a bacteria, *Corynebacterium diphtheriae*, which invades the throat. Diphtheria is usually spread through the airborne route or through contact with saliva or nasal secretions of an infected person. Up-to-date vaccination with the DPT (diphtheria is the "D") vaccine can prevent this very serious, life-threatening disease.

Because almost all children are vaccinated, diphtheria is now rare in the United States. However, some children are not adequately vaccinated and cases still can occur. To prevent its spread in a child care setting:

- Review immunization records of all children upon admission and periodically thereafter. Any child whose immunizations are incomplete or not up-to-date should be referred to the health department or the child's physician for proper immunization.

- Exclude an infected child for at least 1 week after initiation of antibiotic therapy. A negative culture should be documented before return.**

- Upon notification by a parent or health care worker that a child absent from the child care setting has contracted diphtheria, immediately contact the Division of Public Health, Epidemiology Branch at 302-739-5617 for instructions on preventive measures to be taken.** The local health department may advise caregivers to closely observe all children and adults in the child care setting for sore throats for 7 days (the incubation period), request that anyone developing a sore throat see a physician, and carefully observe group separation and good hygiene procedures.

Earache (Otitis Media) in the Child Care Setting

An earache or ear infection (otitis media) is usually a complication of an upper respiratory infection, such as a cold. Otitis media usually occurs in children under 3 years of age. Symptoms include inflammation of the middle ear, often with fluid building up behind the ear drum. The child may cry persistently, tug at the ear, have a fever, be irritable, and be unable to hear well. These symptoms may sometimes be accompanied by diarrhea, nausea, and vomiting. Otitis media is common in young children whether they attend child care or are cared for at home. However, some children appear to be more susceptible to otitis media than other children.

Otitis media is not contagious, but the upper respiratory illnesses that can lead to otitis media are infectious. Upper respiratory infections are spread when one person comes in contact with the respiratory secretions of an infected person which have contaminated the air or an object.

Otitis media is often treated with antibiotics. Some doctors give children daily antibiotics to prevent otitis media in children who have had repeat cases. Some children with chronic infections may require an operation to insert a tube to drain the fluid from the ear.

A child with an earache does not need to be excluded from the child care setting unless the child is too ill to participate in normal activities or needs more care than the provider can give without compromising the care given to the other children.

To help prevent the upper respiratory infections, which may lead to otitis media:

- Teach children to cover their mouths with a disposable tissue when they cough and blow their noses with disposable tissues.
- Only use a tissue once and then immediately throw it away.
- Do not allow children to share toys that they put in their mouths.
- After a child has discarded a toy that can be put in the mouth, pick it up and put it in a bin for dirty toys that is out of reach of the children. Wash and disinfect these toys before allowing children to play with them again.
- Make sure all children and adults use good handwashing practices.

E. coli O157:H7 infections in the Child Care Setting

Escherichia (E.) coli bacteria are found in the digestive tracts of most humans and many animals. Usually, these infections are harmless and may even be beneficial. Not all E. coli are alike and, in a few cases, illness may result from infection with particular strains. One strain, E.coli O157:H7, causes one of the most serious digestive tract infections in the United States. Some persons infected with this strain may have very mild illness while others develop severe bloody diarrhea. In some instances, infection may result in widespread breakdown of red blood cells leading to an often fatal, hemolytic uremic syndrome (HUS).

Infections with this organism are often the result of eating undercooked meat (especially hamburger). However, feces may also spread this infection and children and staff may pick it up from ill persons in child care facilities.

To prevent the spread of E. coli O157:H7 infections in your child care facility:

- Practice good hygiene and careful handwashing.
- Make sure that meats, especially hamburger, served in child care facilities are cooked well done.
- Exclude from child care until 2 stool cultures (obtained at least 1 day apart) have tested negative for E. coli O157:H7.** Request that parents take any child with bloody diarrhea to a physician for evaluation.

Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 of any child with bloody diarrhea known to be caused by E. coli O157:H7.

Fifth Disease in the Child Care Setting

Fifth disease, also called erythema infectiosum or "slapped cheek disease," is an infection caused by parvovirus B19. Outbreaks most often occur in winter and spring, but a person may become ill with fifth disease at any time of the year. Symptoms begin with a mild fever and complaints of tiredness. After a few days, the cheeks take on a flushed appearance that looks like the face has been slapped. There may also be a lacy rash on the trunk, arms, and legs. Not all infected persons develop a rash.

Most persons who get fifth disease are not very ill and recover without any serious consequences. However, children with sickle cell anemia, chronic anemia, or an impaired immune system may become seriously ill when infected with parvovirus B19 and require medical care.

If a pregnant woman becomes infected with parvovirus B19, the fetus may suffer damage, including the possibility of stillbirth. The woman herself may have no symptoms or a mild illness with rash or joint pains.

Fifth disease is believed to be spread through direct contact or by breathing in respiratory secretions from an infected person. The period of infectiousness is before the onset of the rash. Once the rash appears, a person is no longer contagious. **Therefore, a child who has been diagnosed with fifth disease need not be excluded from child care.**

If an outbreak of fifth disease occurs in the child care setting:

- Notify all parents. Pregnant women and parents of children who have an impaired immune system, sickle cell anemia, or other blood disorders may want to consult their physicians.
- Make sure that all children and adults use good handwashing techniques.

Foodborne Illnesses in the Child Care Setting

Food safety and sanitation are important aspects of providing healthy food for children. Improper food preparation, handling, or storage can quickly result in food being contaminated with germs that may lead to illness such as hepatitis A or diarrheal diseases if the contaminated food is eaten.

Understanding and following a few basic principles can help prevent food spoilage and transmission of infections. To prevent foodborne infections:

- Keep food at safe serving and storage temperatures at all times to prevent spoiling and the risk of transmitting disease. Food should be kept at 40°F or colder or at 140°F or warmer. The range between 40°F and 140°F is considered the "danger zone" because within this range bacteria grow most easily. Leftovers, including hot foods such as soups or sauces, should be refrigerated immediately and should not be left to cool at room temperature. Using shallow pans or bowls will facilitate rapid cooling. Frozen foods should be thawed in the refrigerator, not on counter tops, or in the sink with cold water, not hot or warm water.

- Use only approved food preparation equipment, dishes, and utensils. Check child care licensing regulations if in question about equipment. Only use cutting boards that can be disinfected (made of nonporous materials such as glass, formica, or plastic), and use separate boards for ready-to-eat foods (including foods to be eaten raw) and for foods which are to be cooked, such as meats.

- Use proper handwashing techniques. Proper handwashing is important for everyone in a child-care setting, but is especially necessary for food handlers to prevent the spread of infections or contamination of the food.

- Don't handle food if you change diapers. In a large child care setting, food handlers should not change diapers and should avoid other types of contact that may contaminate their hands with infectious secretions. This may not be practical in a small child care setting in which the provider must also prepare the food. In this case, proper handwashing is essential.

- Don't prepare or serve food if you have diarrhea, unusually loose stools, or any other gastrointestinal symptoms of an illness, or if you have infected skin sores or injuries, or open cuts. Small, uninfected cuts may be covered with nonporous, latex gloves.

- Supervise meal and snack times to make sure children do not share plates, utensils, or food that is not individually wrapped.

- Eating utensils that are dropped on the floor should be washed with soap and water before using.

- Discard food that is dropped on the floor and remove leftovers from the eating area after each snack or meal.

-Clean, sanitize, and properly store food service equipment and supplies. Use only utensils and dishes that have been washed in a dishwasher or, if washed by hand, with sanitizers and disinfectants approved for this use. Otherwise, use disposable, single-use articles that are discarded after each use.

-Clean and sanitize after each use table tops on which food is served.

-Only accept expressed breast milk that is fresh and properly labeled with the child's name. Expressed breast milk to be used during the current shift should accompany the child that day. Don't store breast milk at the facility overnight. Send any unused expressed breast milk home with the child that day. NEVER feed a child breast milk unless it is labeled with that child's name.

-Except for an individual child's lunch, only accept food that is commercially prepared to be brought into the child care setting.

-Numerous institutional outbreaks of gastrointestinal illness, including infectious hepatitis, have been linked to consumption of home-prepared foods. Food brought into the child care setting to celebrate birthdays, holidays, or other special occasions should be obtained from commercial sources approved and inspected by the local health authority.

-Each individual child's lunch brought from home should be clearly labeled with the child's name, the date, and the type of food it is. It should be stored at an appropriate temperature until it is eaten.

-Food brought from a child's home should not be fed to another child.

-Raw eggs can be contaminated with Salmonella. No foods containing raw eggs should be served, including homemade ice cream made with raw eggs.

Giardiasis in the Child Care Setting

Giardiasis is a diarrheal illness caused by a parasite, *Giardia lamblia*. Many children infected with giardia have no symptoms. Other children may have foul-smelling, greasy diarrhea, gas, stomach aches, fatigue, and weight loss. Giardia can easily be spread in the child's home and parents and siblings may become infected.

Giardia is spread from person to person when a person touches the stool of or an object which has been contaminated by the stool of an infected person and then ingests the germs. Infection is often spread by not properly washing hands after bowel movements, after changing diapers, or before preparing foods. Giardia may also be transmitted through contaminated water, such as in water play tables. Outbreaks have also been linked to portable wading pools and contaminated water supplies.

To prevent the spread of giardiasis in your child care facility:

-Exclude any child or adult with acute diarrhea.

-Make sure that all children and adults practice good handwashing technique, using paper towels.

-In a large child care facility, the person preparing food should not change diapers.

-In a small child care facility, the child care provider should carefully wash hands after changing diapers and before handling foods.

-If possible, keep diapered children apart from toilet-trained children.

-Wash and disinfect toys that can be put in a child's mouth after each child's use.

-Make sure that diapers have waterproof outer covers or use plastic pants.

-Children should wear clothes over diapers.

-Do not use portable wading pools.

-Wash children's hands before they use water play tables.

Note: Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed Giardia. This infection is reportable.

Hand-Foot-and-Mouth Disease (Coxsackie A) **in the Child Care Setting**

Hand-foot-and-mouth disease is a common childhood illness caused by coxsackievirus A16. In many people, infection with the virus causes mild or no symptoms. In others, infection may result in painful blisters in the mouth, on the gums and tongue, on the palms and fingers of the hand, or on the soles of the feet. The fluid in these blisters contains the virus, and symptoms may last for 7 to 10 days. The infection usually goes away without any serious complications.

Hand-foot-and-mouth disease can be spread when the virus present in the blisters is passed to another person. The virus can be passed through saliva from blisters in the mouth, through the fluid from blisters on the hands and feet, or through the infected person's feces.

Outbreaks in child care facilities usually coincide with an increased number of cases in the community. If an outbreak occurs in the childcare setting:

- Make sure that all children and adults use good handwashing technique.

- Do not exclude ill persons** because exclusion may not prevent additional cases since the virus may be excreted for weeks after the symptoms have disappeared. Also, some persons excreting the virus may have no symptoms. *However, some benefit may be gained by excluding children who have blisters in their mouths and drool or who have weeping lesions on their hands.*

Head Lice in the Child Care Setting

Head lice are tiny insects that live primarily on the head and scalp. They should not be confused with body lice, which may be found in clothing and bedding as well as on the body, or crab lice that infest the pubic area. They are found only on humans and should not be confused with fleas, which may be found on dogs, cats, and other pets.

Although small, adult head lice may be seen with the naked eye. Because lice move rapidly and only a few may be present, using a hand lens or magnifying glass may allow them to be seen more easily. Head lice suck blood, and the rash caused by their feeding activities may be more noticeable than the insects themselves. Head lice attach their eggs at the base of a hair shaft. These eggs, or nits, appear as tiny white or dark ovals and are especially noticeable on the back of the neck and around the ears. Adult head lice cannot survive for more than 48 hours apart from the human host.

Head lice are primarily spread through direct head to head contact, although sharing personal items such as hats, brushes, combs, and linens may play a role in their spread between children. Children with head lice should be treated with a medicated shampoo, rinse, or lotion developed specifically for head lice. These treatments are very powerful insecticides and may be toxic if not used only as recommended. The need to remove nits or egg capsules is controversial. Those found more than 1/4 inch from the scalp probably have already hatched or are not going to hatch. Treatments containing permethrin (an insecticide) have a high residual activity and are usually effective in killing nits as well as adult lice.

To prevent the spread of head lice when a case occurs in the child care setting:

-Temporarily exclude the infested child from the child care setting until 24 hours after treatment. To assure effective treatment, check previously treated children for any evidence of new infection daily for 10 days after treatment. Repeat treatment in 7 to 10 days may be necessary.

•Nits can be removed using a fine-toothed comb. (A pet flea comb may work best.) Some commercial products may make removing nits easier. Commercial preparations to remove nits should be used according to the manufacturer's recommendations to assure that the residual activity of the insecticide is not affected.

-On the same day, screen all children in the classroom or group and any siblings in other classrooms for adult lice or nits. *Children found to be infested should also be excluded and treated.* Simultaneous treatment of all infested children is necessary to prevent spread back to previously treated children.

-Educate parents regarding the importance of following through with the same recommendations at home and notifying the facility if head lice have been found on any member of the household.

-Although head lice are not able to survive off of humans for more than a few days, many persons recommend washing clothes (including hats and scarves) and bedding in very hot water, and vacuuming carpets and upholstered furniture in rooms used by person infested with these insects. Combs and hair brushes may be soaked in hot (65°C) water for at least one hour.

Hepatitis A in the Child Care Setting

Hepatitis A is an infection of the liver caused by the hepatitis A virus (HAV). Young children often have no symptoms or very mild symptoms of disease. Adults and older children are more likely to have typical symptoms, which include fever, loss of appetite, nausea, diarrhea, and generally ill feeling (malaise). The skin and whites of the eyes take on a yellow color (jaundice). A person who has no symptoms is still infectious to others.

HAV is spread by the fecal-oral route. This means the disease is spread by putting something in the mouth that has been contaminated with the stool of an infected person. It can also be spread when a person eats food or drinks beverages which have been handled by a person infected with HAV and not subsequently cooked. Outbreaks of hepatitis A among children attending child care centers and persons employed at these centers have been recognized since the 1970s. Because infection among children is usually mild or asymptomatic and people are infectious before they develop symptoms, outbreaks are often only recognized when adult contacts (usually parents) become ill. Poor hygienic practices among staff who change diapers and also prepare food contribute to the spread of hepatitis A. Children in diapers are likely to spread the diseases because of contact with contaminated feces. Outbreaks rarely occur in child care settings serving only toilet-trained children.

A new vaccine is available to prevent hepatitis A, but is not currently licensed for children less than 2 years of age. Although hepatitis A outbreaks sometimes occur in child care settings, they do not happen often enough to make it necessary for child care providers or children attending child care to be routinely vaccinated against hepatitis A. *When outbreaks occur in child care settings, gamma globulin may be administered to children, providers, and families of child care attendees to limit transmission of hepatitis A.*

If a child or adult in your child care facility is diagnosed with hepatitis A:

-Exclude the child or adult from the child care setting until 1 week after onset of symptoms.

-Gamma globulin, if administered within the first 2 weeks after exposure, can prevent the infection from spreading to other children and families.

-Use good handwashing and hygiene practices.

Note: Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed Hepatitis A. This infection is reportable.

Hepatitis B in the Child Care Setting

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). This virus is completely different from hepatitis A. Only about 10 percent of children who become infected with HBV show any symptoms. When children do have symptoms, they may be similar to those for hepatitis A: fatigue, loss of appetite, jaundice, dark urine, light stools, nausea, vomiting, and abdominal pain. However, hepatitis B is a much more serious infection. After infection with HBV, chronic infection develops in 70% to 90% of infants, 15% to 25% of 1-4 year old children, and 5% to 10% of older children and adults. Premature death from cirrhosis or liver cancer occurs in 15% to 25% of persons with chronic infection. Persons who develop chronic HBV infection may remain infectious for the rest of their lives.

HBV infection is most commonly spread:

- By infected mothers to newborn infants through blood exposure at birth.
- By sharing contaminated needles during intravenous drug abuse.
- Through sexual intercourse.
- Through exposure of cuts or mucous membranes to contaminated blood.

HBV infection can also be transmitted if infected blood or body fluids come in contact with nonintact skin of an uninfected person, such as by biting, if the skin is broken. However, this is rare.

Hepatitis B is vaccine-preventable. All infants should be vaccinated with three doses of hepatitis B vaccine during the first 18 months of life. A child not previously vaccinated should be excluded from the facility until proof of vaccination is supplied. This should be a requirement for the Child Care Center or Pre-School entry. Exclude during acute illness and children with chronic hepatitis B surface antigen who bite or cannot contain secretions. Child care providers should discuss with their doctor whether it is appropriate for them to receive hepatitis B vaccine.

To reduce the spread of hepatitis B:

- Require parents to submit up-to-date immunization certificates when previous certificates expire.
- Make sure that all children and adults use good handwashing practices.
- Do not allow children to share toothbrushes.
- Clean up blood spills immediately.
- Wear gloves when cleaning up blood spills.
- Wear gloves when changing a diaper soiled with bloody stools.
- Disinfect any surfaces on which blood has been spilled, using freshly prepared bleach solution.
- If a child care provider has open sores, cuts, or other abrasions on the hands, the provider should wear gloves when changing diapers or cleaning up blood spills.
- Observe children for aggressive behavior, such as biting.

Note: Notify the Division of Public Health, Epidemiology Branch at 302-7395617 if you become aware that a child or adult in your facility has developed Hepatitis B. This infection is reportable.

Human Immunodeficiency Virus (HIV) Infections **in the Child Care Setting**

When a person is first infected with HIV, he or she may have no symptoms or may become ill with a fever, night sweats, sore throat, general tiredness, swollen lymph glands, and a skin rash lasting for a few days to a few weeks. These early symptoms then go away by themselves. However, the virus stays in the body (becomes a chronic infection) and causes increasing loss of immune function that results in the body becoming unable to fight off infections to which we are all normally exposed. The late stage of this infection is called acquired immunodeficiency syndrome (AIDS). A person who is infected becomes potentially infectious to others for life.

Early symptoms of HIV infection in children include failure to grow and gain weight, chronic diarrhea without a specific cause, enlarged liver and spleen, swollen lymph glands, chronic thrush (yeast infections) and Candida (yeast) skin infections, pneumonia, and other bacterial, viral, fungal, and parasitic infections that healthy children do not usually get. However, many children are infected with HIV for many years before developing any symptoms.

HIV is not easily transmitted. HIV is most commonly spread:

- By sharing contaminated needles for intravenous drug abuse.
- Through sexual intercourse.
- By infected pregnant women to the fetus.
- By exposure to infected blood through a blood transfusion.

Less commonly, HIV may be spread:

- By infected mothers who breastfeed their infants.
- Occupationally to health care workers, primarily after being stuck with a needle containing HIV in infected blood.
- By exposure of open skin or mucous membranes to HIV contaminated body fluids. (Although it is very rare, a few cases have been reported in which HIV was spread by contact with blood or other body fluids from an infected person.)

No vaccine against HIV is available. *However, HIV is not likely to be spread from one child to another in a child care setting, and no such case has ever been reported. The family home provider or center director should be informed by the child's parents or guardians when an HIV-positive child is admitted to child care. Because of concern over stigmatization, the person aware of a child's HIV infection should be limited to those who need such knowledge to care for the children in the child care setting. In situations where there is concern about the possibility of exposure of others to infected blood or other body fluids, a child who is infected with HIV should be evaluated by a team that includes the child's parents or guardians, the child's physician, public health personnel, and the proposed child care provider to determine the most appropriate child care setting.* This evaluation should consider the behavior, neurologic development, and physical condition of the child and the expected type of interaction with others in the child care setting. In each case, risks and benefits to both the infected child and to others in the child care setting should be weighed.

Children with HIV infection need to be closely monitored by their physicians because they are more susceptible to severe manifestations of infectious illnesses than are other children.

Children with HIV infection should receive childhood vaccinations (diphtheria-pertussis-tetanus vaccine, measles-mumps-rubella vaccine, inactivated polio vaccine, Haemophilus b conjugate vaccine, influenza vaccine, and pneumococcal vaccine) following the immunization schedule.

Parents of children with weakened immune systems, whether due to HIV infection or other causes, should be advised when certain infectious diseases, such as cryptosporidiosis and fifth disease, have occurred in the child care setting. Such children may need to be removed from the child care setting until the outbreak has subsided in order to protect them from infections that could have severe complications for them.

If a child care provider has a weakened immune system, he or she should discuss with his or her physician precautions to be taken to avoid becoming infected with the many infections that young children are likely to transmit.

To reduce the risk of spread of HIV in the child care setting, all child care providers should routinely follow precautions necessary to prevent the spread of any bloodborne infection (including hepatitis B):

- Make sure all children and adults use good handwashing practices.
- Make sure all adults use good diapering practices.
- Wear gloves when changing a diaper soiled with bloody stools.
- Wash skin on which breastmilk has spilled with soap and water immediately.
- Do not allow children to share toothbrushes.
- Clean up blood spills immediately.
- Wear gloves when cleaning up blood and body fluid spills.
- Disinfect any surfaces on which blood or body fluids have been spilled with freshly prepared bleach solution.
- If a child care provider has open sores, cuts, or other abrasions on the hands, wear gloves when changing diapers or cleaning up blood spills.
- Cover open wounds on children and adults.

Impetigo in the Child Care Setting

Impetigo is a skin infection usually caused by one of two types of bacteria, group A Streptococci and Staphylococcus aureus. Impetigo appears as a blistery rash. When the blisters open, they produce a thick, golden-yellow discharge that dries, crusts, and adheres to the skin.

Impetigo is spread from person to person through direct contact with the discharge from the lesions. *This infection can rapidly spread among persons in close contact, such as children in a child care facility.*

If a child in your facility has impetigo:

-Exclude the child from the center until 24 hours after treatment has begun and the child no longer has a discharge.

-Infected areas should be washed with mild soap and running water.

-Wash the infected child's clothes, linens, and towels at least once a day and never share them with other children.

-Wear gloves while applying any antibiotic ointment that a physician may recommend, and wash your hands afterwards. (Antibiotics taken by mouth may also be prescribed.)

-Make sure policies on cleaning and disinfecting toys are followed.

Infectious Mononucleosis in the Child Care Setting

Infectious mononucleosis is caused by the Epstein-Barr virus (EBV). EBV is believed to be present in saliva. Most young children infected with EBV show no symptoms, unlike older children and adults, who may have fever, fatigue, enlarged neck lymph nodes, and inflamed throat and tonsils.

Infectious mononucleosis is spread from person to person through contact with the saliva of an infected person. The virus spreads more rapidly among children in closed or overcrowded conditions. Most adults have been exposed to EBV by the age of 18 years and are immune.

If a person in your facility develops infectious mononucleosis:

- Exclude until symptomatically able to tolerate general activity or perform duties.**
- Make sure all children and adults do not share eating or drinking utensils.
- Make sure all children and adults follow good handwashing practices.

Influenza in the Child Care Setting

Influenza (sometimes called “the flu”) is a potentially serious viral disease that can make people of any age ill. Influenza can cause fever, chills, cough, sore throat, headache, and muscle aches. The influenza virus is usually passed when an infected person coughs or sneezes and another person inhales droplets containing the virus. Although most people are ill for only a few days, some have much more serious illness and need to be hospitalized. Thousands of people die each year from influenza-related complications. Most influenza-related deaths are in the elderly.

Anyone who wants to reduce their chance of catching influenza may receive the vaccination. Since the influenza virus changes frequently, yearly vaccination in October to early November is recommended for protection from influenza. Influenza vaccination is recommended for all adults in the child care setting, especially those who are in any of the following high risk categories:

- 65 years of age and over.
- Have chronic lung or heart disease.
- Require regular medical care for chronic metabolic (including diabetes mellitus), kidney, blood, or suppressed immune system diseases.
- Live or work with people who are in any of the above categories (or with children on long-term aspirin therapy.)
- Any child 6 months and older can be vaccinated against influenza.*

Children in the following groups are at high risk of serious disease with influenza and should be vaccinated:

- Have chronic lung (including asthma) or heart disease.
- Require regular medical care for chronic metabolic (including diabetes mellitus), kidney, blood, or suppressed immune system diseases.
- Are on long-term aspirin therapy.
- Children who are in frequent contact, at home or in the child care setting, with people who are in any of the above high-risk categories should be vaccinated against influenza.

If a child or staff person develops a fever (100°F or higher under the arm, 101°F orally, or 102°F rectally) AND chills, cough, sore throat, headache, or muscle aches, he or she should be sent home until symptoms resolve.

During an epidemic of influenza you should:

- Closely observe all children for symptoms and refer anyone developing symptoms to his or her physician.
- Make sure all children and adults follow good handwashing and hygiene practices, including use and proper disposal of paper tissues.
- In large facilities, follow appropriate group separation practices.
- Closely observe all children for symptoms and refer anyone developing symptoms to his or her physician.
- Notify parents.

Note: Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed Influenza. This is a reportable condition.

INJURIES IN THE CHILD CARE SETTING

The risk of an injury happening is directly related to the physical environment and children's behaviors, and how these are managed. Injuries can be divided into two categories--unintentional and intentional. Unintentional injuries may result from choking, falls, burns, drowning, swallowing toxic or other materials (poisoning), cuts from sharp objects, exposure to environmental hazards such as chemicals, radon, or lead, or animal bites, or other "accidents." Intentional injuries are usually due to bites, fights, or abuse.

Preventing Injuries

You can prevent most injuries that occur in the child care setting by:

- *Supervising children carefully.
- *Checking the child care and play areas for, and getting rid of, hazards.
- *Using safety equipment for children, such as car seats and seat belts, bicycle helmets, and padding, such as for the knees and elbows.
- *Understanding what children can do at different stages of development. Children learn by testing their abilities. They should be allowed to participate in activities appropriate for their development even though these activities may result in some minor injuries, such as scrapes and bruises. However, children should be prevented from taking part in activities or using equipment that is beyond their abilities and that may result in major injuries such as broken bones.
- *Teaching children how to use playground equipment safely (i.e., going down the slide feet first).

Preparing for Injuries

- *Injuries require immediate action. You will need to assess the injury to determine what type of medical attention, if any, is required.
- *Everyone working with children should have up-to-date training in first aid and cardiopulmonary resuscitation (CPR).
- *At a minimum, one person with this training must be present at the child care site at all times.

Unintentional Injuries

Children are often injured unintentionally during the normal course of a day. Many of these injuries, such as scrapes and bruises, are minor and only need simple first aid. Other injuries can be serious and require medical attention beyond first aid. **Call 911 or your local emergency number if an injured child has any of the following conditions:**

**severe neck or head injury
choking
severe bleeding
shock
chemicals in eyes, on skin, or ingested in the mouth
near-drowning**

Intentional Injuries & Aggressive Behavior

Children show aggression (hostile, injurious, or destructive behavior) either verbally (what they say) or physically (how they act). Verbal aggression by other children or adults, such as belittling, ridiculing, or taunting a child, can injure a child's self-esteem. Physical aggression, such as biting, hitting, scratching, and kicking, may result in physical injuries. Parents have become greatly concerned about physical injuries that cause bleeding to their child, especially being bitten by another child, because they fear this may expose their child to a risk of infection from HIV, which causes AIDS, or hepatitis B virus, which can cause liver damage.

To deter aggressive behavior you should:

*Set clear limits for children's behavior. Explain those limits to both children and their parents.

*Explain to a child who is showing aggressive behavior how the aggressive actions affect the victim.

*Redirect a child's aggressive behavior by, for example, engaging the child in a sport or activity that interests the child.

*Teach and reinforce coping skills.

*Encourage children to express feelings verbally, in a healthy way.

*Provide acceptable opportunities for children to release anger. Running outside, kicking balls, punching bags, and other physical play allows children to let off steam.

Measles in the Child Care Setting

Measles is caused by the measles virus. Symptoms include a fever, runny nose, cough, and sore and reddened eyes followed by a red-brown blotchy rash. The rash usually starts on the face and spreads down the body, and lasts 3 or more days. Most children with measles become quite ill, but recover with no ill effects. Occasionally, however, measles can lead to pneumonia or inflammation of the brain and permanent disability or death. Adults and very young children tend to have more severe illness.

Measles is vaccine preventable. Measles vaccine is administered as part of the MMR (measles, mumps, rubella) vaccine series to children beginning at 12 to 15 months and again at 4 to 6 years of age or 11 to 12 years of age.

Measles is highly contagious and is spread easily from person to person through the air when an infected person coughs or sneezes and a susceptible person inhales the organism. These particles may remain suspended in the air, and persons have become infected simply by being in a room after an infected person has left. Thus, all children and any adult who did not have the disease as a child should be vaccinated. Adults born prior to 1957 are considered immune. Child care providers born after 1956 should receive 2 doses of MMR vaccine, with at least one dose given after 1967 at age 12 months or older.

If a case of measles occurs in your facility:

-Exclude the infected person from the facility until 5 days after the rash appears.

-Notify parents. Any unimmunized children and adults should be immunized or excluded from the center until 2 weeks after the rash appears in the last case of measles in the facility.

-Closely observe all children to determine whether any additional cases may be developing.

Note: Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed Measles. This disease is reportable.

Mumps in the Child Care Setting

Mumps is caused by the mumps virus. Although mumps does not usually cause serious longterm problems, the acute symptoms, such as severe swelling of the salivary glands under the jaw bone, can be very uncomfortable. Adults are more likely to have serious complications if they become infected. Child care providers should be aware that exposure to the virus in the first trimester of pregnancy may increase the rate of spontaneous abortion. Mumps is spread from person to person through direct contact with saliva, secretions from the respiratory tract, and urine of an infected person.

Mumps is vaccine-preventable. Adults born before 1957 are considered to be immune. The mumps vaccine is administered as part of the MMR (measles, mumps, rubella) vaccine series to children beginning at 12 to 15 months and again at 4 to 6 years of age or 11 to 12 years of age.

If a case of mumps occurs in your facility:

-Exclude the infected child from the facility until 9 days after the swelling begins, or until the swelling subsides.

-Notify parents.

-Make sure all children and adults follow good handwashing practices.

- In large facilities, follow appropriate group separation practices.

-Review the immunization records of all children in the facility to assure they have received their first mumps vaccination. Those not adequately vaccinated should be referred to their physicians.

-Closely observe all children for symptoms and refer anyone developing symptoms to his or her physician.

Note: Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed Mumps. This disease is immediately reportable.

Pertussis in the Child Care Setting

Pertussis (whooping cough) is a very contagious and dangerous infection of the respiratory tract caused by the bacterium *Bordetella pertussis*. Whooping cough gets its name from the whooping sound the child makes when trying to draw breath after a coughing spell. Not all children with whooping cough make this sound; very young children may not be strong enough. Symptoms generally include those of a cold, such as runny nose and a cough that gradually worsens. Violent coughing spells frequently end with vomiting. Once the whooping stage begins, antibiotics are of no use.

Pertussis is spread from person to person through the air. A person who is not immune to pertussis becomes infected by inhaling air that has been contaminated with the respiratory secretions of an infected person who has coughed.

Before vaccines and antibiotics were developed, pertussis was a common cause of death in young children. Today, *Pertussis is vaccine preventable*. Children in the United States are now immunized with the pertussis vaccine beginning at 2 months of age and again at 4 months, 6 months, 15 months, and 4 to 6 years. *All children attending a child care facility should be up to date on vaccinations.*

If a child or adult in your facility is diagnosed with pertussis:

Exclude the infected person from the facility until that person has been on antibiotics for at least 5-7 days and physician advises return.

- Make sure that all children and staff observe careful handwashing technique.
- In large facilities, follow appropriate group separation.
- Require up-to-date immunization certificates for all children in your care.
- Carefully monitor all children and staff for coughs. Anyone developing a persistent cough should be immediately referred to his or her physician.

Note: Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed Pertussis. This disease is immediately reportable.

Pinkeye (Conjunctivitis) in the Child Care Setting

Pinkeye, also called conjunctivitis, can be caused by bacterial or viral infections or by allergic reactions to dust, pollen, and other materials. Bacterial and viral infections usually produce a white or yellowish pus that may cause the eyelids to stick shut in the morning. The discharge in allergic conjunctivitis is often clear and watery. All types involve redness and burning or itching eyes. Pinkeye in child care settings is most often due to bacterial or viral infections. It can usually be treated with antibiotics. Red and sore eyes may be part of viral respiratory infections, including measles.

The germs that cause conjunctivitis may be present in nasal secretions, as well as in the discharge from the eyes. Persons can become infected when their hands become contaminated with these materials and they rub their eyes. Eyes can also become infected when a person uses contaminated towels or eye makeup.

If a child in your facility develops pinkeye:

- Contact the child's parents and ask them to have the child seen by the doctor. Eye injuries and foreign bodies in the eye can cause similar symptoms.
- Monitor the other children for signs of developing pinkeye.
- Make sure all children and staff use good handwashing practices and hygiene including proper use and disposal of paper tissues used for wiping nasal secretions.
- Eliminate any shared articles, such as towels. Use disposable paper towels.
- Disinfect any articles that may have been contaminated.
- Exclude children with a white or yellow discharge (bacterial conjunctivitis) until they have been treated with an antibiotic for at least 24 hours.** Children with a watery discharge generally do not need to be excluded unless there have been other children in the group with similar symptoms, but should be monitored for signs of more serious illness, such as fever or rash.

Pinworms in the Child Care Setting

Pinworms are tiny parasitic worms that live in the large intestine. The female worms lay their eggs around the anus at night. Symptoms include anal itching, sleeplessness, irritability, and anal irritation due to scratching. Pinworms may also be present without symptoms. Pinworms are common in school-aged children.

Pinworms are spread when an uninfected person touches the anal area of an infected person (i.e., during diaper changing) or sheets or other articles contaminated with pinworm eggs, then touches the mouth, transferring the eggs, and swallows the eggs. An infected person can spread pinworms by scratching the anal area, then contaminating food or other objects which are then eaten or touched by uninfected persons. Pinworms can be spread as long as either worms or eggs are present. Eggs can survive up to 2 weeks away from a human host.

To prevent the spread of pinworms:

-If you suspect a child has pinworms, call the parents and ask them to have the child diagnosed.

-Exclude a child with pinworms from the child care facility until 24 hours after the child has received the first treatment. The entire family may have to be treated to prevent reinfection.

-Observe proper handwashing among children and adults, particularly before eating and after using the toilet.

-Clean and disinfect bathroom surfaces.

- Vacuum carpeted areas.

-Machine wash bed linens and hand towels using hot water. Machine dry using a heat setting (not air fluff). The family should do the same at home.

-Require that the nails of all children in your care be kept short and discourage nail biting.

-Discourage children from scratching the anal area.

-Parents should be asked to make sure that the child is bathed after treatment and just before returning to child care. This will help remove any eggs that were laid around the anus before treatment.

Respiratory Syncytial Virus (RSV) in the Child Care Setting

RSV causes infections of the upper respiratory tract (like a cold) and the lower respiratory tract (like pneumonia). It is the most frequent cause of lower respiratory infections, including pneumonia, in infants and children under 2 years of age. Almost 100 percent of children in child care get RSV in the first year of their life, usually during outbreaks during the winter months. In most children, symptoms appear similar to a mild cold. About half of the infections result in lower respiratory tract infections and otitis media. An RSV infection can range from very mild to life-threatening or even fatal. Children with heart or lung disease and weak immune systems are at increased risk of developing severe infection and complications. RSV causes repeated symptomatic infections throughout life.

RSV is spread through direct contact with infectious secretions such as by breathing them in after an infected person has coughed or by touching a surface an infected person has contaminated by touching it or coughing on it. A young child with RSV may be infectious for 1 to 3 weeks after symptoms subside.

The most effective preventive measure against the spread of RSV and other respiratory viral infections is careful and frequent handwashing. Once one child in a group is infected with RSV, spread to others is rapid. Frequently, a child is infectious before symptoms appear. **Therefore, an infected child does not need to be excluded from child care unless he or she is not well enough to participate in usual activities.**

If a child or adult in the child care facility develops an illness caused by RSV infection:

- Make sure that procedures regarding handwashing, hygiene, disposal of tissues used to clean nasal secretions, and cleaning and disinfection of toys are followed.
- If multiple cases occur, cohorting or separating ill children from well/recovered children may help to reduce the spread of RSV. **Do not exclude ill children unless they are unable to participate comfortably in activities or require a level of care that would jeopardize the health and safety of the other children in your care.**

Ringworm in the Child Care Setting

Ringworm is a fungus infection of the scalp or skin. Symptoms include a rash that is often itchy and flaky. Ringworm on the scalp may leave a flaky patch of baldness. On other areas of the skin, ringworm causes a reddish, ring-like rash that may itch or burn. The area may be dry and scaly or it may be moist or crusted. The same fungi that infect humans can also infect animals such as dogs and cats, and infections may be acquired from pets as well as from infected children.

Ringworm is spread by direct contact with a person or animal infected with the fungus. It can also be spread indirectly through contact with articles (such as combs or clothing) or surfaces which have been contaminated with the fungus. *A child with ringworm is infectious as long as the fungus remains present in the skin lesion. The fungus is no longer present when the lesion starts to shrink.*

If you suspect that a child in your facility has ringworm:

- Notify the parents and ask them to contact the child's physician for diagnosis.
 - Exclude a child with ringworm until after treatment has begun.**
 - Observe good handwashing technique among all children and adults.
 - Prohibit sharing of personal items, such as hair care articles, towels, and clothing.
 - Dry skin thoroughly after washing.
 - Wash bathroom surfaces and toys daily.
 - Vacuum carpeted areas and upholstered furniture.
- Pets with skin rashes should be evaluated by a veterinarian for evaluation. If the pet's rash is caused by fungus, children should not be allowed to come in contact with the pet until the rash has been treated and heals and the pet has been bathed.

Roseola in the Child Care Setting

Roseola (exanthem subitum) is caused by a virus called human herpesvirus 6 (HHV-6) and, possibly, human herpesvirus 7 (HHV-7). It is most common in children 6 months to 24 months of age. Symptoms include a high fever that lasts for 3 to 5 days, runny nose, irritability, eyelid swelling, and tiredness. When the fever disappears, a rash appears, mainly on the face and body, and lasts for about 24 to 48 hours. However, other complications of roseola are rare.

Roseola is spread from person to person, but it is not known how. Roseola is not very contagious. Usually, roseola goes away without any treatment. **A child with fever and rash should be excluded from child care until seen by a physician and fever and rash are gone.** A child with rash and no fever may return to child care.

Rotavirus Diarrhea in the Child Care Setting

Rotavirus is one type of virus that causes diarrhea, especially in young children. It is a common cause of diarrhea in the child care setting. Rotavirus infection usually occurs during the winter months. Some children have no symptoms of rotavirus infection while others may have severe vomiting, watery diarrhea, and fever. In some instances, there may also be a cough or runny nose. Rotavirus diarrhea usually lasts from 4 to 6 days, but may last longer and cause intermittent diarrhea in children who have compromised immune systems.

Rotavirus infections may be highly contagious. Children and adults can become infected by coming in direct contact with the viruses that are in the feces of an infected child and then passing those viruses to the mouth (fecal-oral transmission). Often, another child or adult touches a surface that has been contaminated and then touches his or her mouth. *A child with rotavirus infection may be contagious before the onset of diarrhea and for a few days after the diarrhea has ended.*

Although there is no specific therapy for rotavirus diarrhea, the most effective therapy is to encourage ill children to drink plenty of fluids to avoid dehydration.

To prevent the spread of rotavirus infection in your facility:

-Exclude any child or adult with diarrhea from the child care setting until these symptoms are gone.

- Make sure that everyone in the child care setting practices good handwashing.
- Wash your hands after using the toilet, helping a child use the toilet, diapering a child, and before preparing or serving food.
- Have children wash their hands upon arrival at your child care facility, after using the toilet, after having their diapers changed (an adult should wash an infant's or small child's hands), and before eating snacks or meals.
- Disinfect toys, diaper changing surfaces, bathrooms, and food preparation surfaces daily.
- Use disposable paper towels for handwashing.
- Parents should contact the child's physician if their child develops extensive, prolonged diarrhea.

Rubella in the Child Care Setting

Rubella, also called German measles or three-day measles, is a very contagious disease caused by the rubella virus. The virus causes fever, swollen lymph nodes behind the ears, and a rash that starts on the face and spreads to the torso and then to the arms and legs. Rubella is no longer very common because most children are immunized beginning at 12 months of age. Rubella is not usually a serious disease in children, but can be very serious if a pregnant woman becomes infected. Infection with rubella in the first 3 months of pregnancy can cause serious injury to the fetus, resulting in heart damage, blindness, deafness, mental retardation, miscarriage, or stillbirth.

Rubella is spread person-to-person by breathing in droplets of respiratory secretions exhaled by an infected person. It may also be spread when someone touches his or her nose or mouth after their hands have been in contact with infected secretions (such as saliva) of an infected person. A person can spread the disease from as many as 5 days before the rash appears to 5 to 7 days after.

Rubella is vaccine preventable. The rubella vaccine is part of the MMR (measles, mumps, rubella) vaccine series administered to children beginning at 12 months of age.

All child care providers should be immune to rubella. People are considered immune only if they have received at least one dose of Rubella vaccine on or after their first birthday or if they have laboratory evidence of rubella immunity.

If a child or adult in the child care facility develops rubella:

- Exclude the infected child or adult until 7 days after the onset of the rash.**
- Review all immunization records of the children in your care. Any children under 12 months who have not yet been vaccinated against rubella should be excluded until they have been immunized or until 3 weeks after the onset of rash in the last case.**
- Refer any pregnant woman who has been exposed to rubella to her physician.
- Follow good handwashing and hygiene procedures.
- Carefully observe other children, staff, or family members for symptoms.

Note: Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed Rubella. This disease is immediately reportable.

Salmonella Infections in the Child Care Setting

The Salmonella group of bacteria are a common cause of diarrheal illness among persons in the United States. These bacteria are often found in the digestive tract of a variety of animals, as well as humans. Persons with salmonella infections often experience fever, stomach cramps, nausea and vomiting, in addition to diarrhea. Symptoms may persist for two weeks or more but are usually gone within a week.

Salmonella is present in the feces of ill and recently recovered persons and infections may be spread from person to person. However, outbreaks in child care settings are rare and most persons are believed to have acquired their infections from contaminated food. Some foods, such as chicken, come from naturally infected sources while others (such as tomatoes and some vegetables) are contaminated during processing. Food handlers may also contaminate food if they are infected or do not practice good hygiene in preparing food. An ordinarily safe food, such as baked goods, may become contaminated from juices of uncooked foods such as poultry. Although it has been known that salmonella may be present in cracked eggs for some time, it has been only recently that salmonella has been found in uncooked whole eggs. Given sufficient moisture and temperatures between 40-140* C, small numbers of salmonella will quickly increase to the point where they can cause illness in a large numbers of persons. In addition to foodborne illnesses, pets, especially animals such as turtles, lizards and birds, often carry salmonella in their digestive tracts.

While child care providers are most likely to encounter this condition as a result of infection outside their facility, they need to be aware of good hygiene and foodhandling practices to prevent foodborne illness from occurring within their facility. Additionally, providers may reduce the likelihood of salmonella infection by:

-Exclude any child or adult with Salmonella infection during acute illness, and until symptoms resolve, usually 5-7 days.

-Making sure that children and adults wash their hands after handling animals or cleaning their cages or pens. Because of the risk of salmonella infection, turtles, lizards, and other reptiles should not be kept as pets in child care centers.

-Limiting the serving of snacks and treats prepared outside the facility and served for special occasions to those from commercial sources. Home-prepared snacks may be not only prepared under less than optimal circumstances but may be transported and stored under conditions that will allow bacteria to grow.

-Avoid food containing raw eggs, including homemade ice cream made with raw eggs.

-Make sure that lunches brought from home are refrigerated when necessary. These include meals containing raw vegetables as well as those with meats. Dairy products and liquid formula should also be kept refrigerated in order to limit the growth of bacteria, including salmonella.

Note: Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed Salmonella. This is a reportable condition.

Scabies in the Child Care Setting

Scabies is caused by a tiny mite, *Sarcoptes scabiei*, that burrows into the skin, causing a rash. The rash is usually found on the wrists, elbows, or between the fingers. In infants, the rash may appear on the head, neck, or body.

Scabies is spread by skin-to-skin contact. Because mites can survive only briefly if not on the human body, you can only get scabies from direct contact with another person or by sharing an infected person's clothes. Over-the-counter insecticide lotion treatments are available for killing the mites. Young children suspected of having scabies should see a physician, as should persons with extensive skin disease. If scabies is diagnosed in either a child or adult in your facility:

-Exclude the person until 24 hours after treatment has been completed.

-Notify any other adults or the parents of children who may have had direct contact with the infected person. Other providers and children and their families may have been infected and may need treatment.

-The rash may take 2-6 weeks to develop in persons who have not had scabies previously. If a person has had scabies previously, it will take only days for the rash to develop.

To treat scabies:

-Bathe thoroughly.

-Follow complete directions on the package insert of the insecticide lotion, and apply the lotion from neck to toes for the designated length of time.

-Bathe again and put on freshly laundered clothes.

-Wash all clothes, bedding, and towels used by the infected person in hot water and dry them in a hot dryer.

-Monitor the infected person by directly inspecting the body. A second treatment may be needed a week later.

Shigellosis in the Child Care Setting

Shigellosis is a diarrheal illness caused by the Shigella group of bacteria. Infection is spread by the fecal-oral route. Only a few bacteria are needed to cause an infection and, unlike many of the diarrheal agents in child care settings, shigella may spread through groups of children who are toilet trained as well as through groups of children who are in diapers.

Depending on the infectious dose, infection with shigella may be very mild or it may result in severe bloody diarrhea, fever, cramping, nausea, and vomiting. Numerous outbreaks have been reported from child care settings. Children may spread infections acquired in child care facilities to their parents and siblings and whole families may be ill within a matter of days. Deaths have been reported from this illness and it is one of the more serious infections providers are likely to encounter in the child care setting.

If you suspect a case of shigellosis in your child care facility:

- Prompt intervention may help prevent the spread of shigellosis to others. Contact the Division of Public Health for assistance and advice if indicated.

- Exclude the ill child until 5 days of antibiotic therapy have been completed or stool cultures are negative. Other children with diarrhea should be cultured and excluded as well. In the absence of treatment with antibiotics, 2 negative cultures should be obtained before readmitting children.**

- Make sure all children and adults use careful handwashing and that staff are practicing good diapering practices.

- Make sure procedures for cleaning and disinfecting toys are being followed; that toys are being cleaned and disinfected between use by children who are likely to put them in their mouths, especially in groups where there have been ill children.

- Notify parents of children in the involved classroom of the illness, ask that they have any child with diarrhea, vomiting or severe cramping evaluated by a physician, and that they inform you of diarrheal illness in your child and family. Explain to them the value of handwashing with soap and running water in stopping the spread of infection in the home.

- In the event of an outbreak, the Division of Public Health may recommend a more extensive notification of parents.

Note: Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed Shigellosis. This is a reportable condition.

Strep Throat and Scarlet Fever in the Child Care Setting

Strep throat is caused by group A Streptococcus bacteria. Strep throat is more common in children than in adults. Strep throat is easily spread when an infected person coughs or sneezes contaminated droplets into the air and another person inhales them. A person can also get infected from touching these secretions and then touching their mouth or nose.

Symptoms of strep throat infections may include severe sore throat, fever, headache, and swollen glands. If not treated, strep infections can lead to scarlet fever, rheumatic fever, skin, bloodstream, and ear infections, and pneumonia. Scarlet fever is characterized by a bright red, rough textured rash that spreads all over the child's body. Rheumatic fever is a serious disease that can damage the heart valves.

If you suspect a case of strep throat in your child care facility:

- Call the parents to pick up the child and have her or him evaluated by a health care professional.
- Request that the parents inform you if the child is diagnosed with strep so that you can carefully observe the other children for symptoms of sore throat and fever and notify other parents to closely observe their children.
- **Exclude a child diagnosed with strep throat until 24 hours after beginning antibiotic therapy.**

Sudden Infant Death Syndrome (SIDS) **in the Child Care Setting**

SIDS is a term used to describe the sudden, unexplained death of an infant that remains unexplained after a thorough case investigation that includes a complete autopsy, an examination of the death scene, and a review of the clinical history. SIDS is the leading cause of death of children 1 month to 1 year of age. In the United States, 5,000-6,000 infant deaths are attributed to SIDS each year. Many of these occur in the child care setting.

The cause of SIDS is unknown. SIDS is not contagious. SIDS is not caused by vomiting, choking, or minor illnesses such as colds or infections. Deaths due to vaccine reactions or child abuse are not classified as SIDS deaths. While we don't know what causes SIDS, we have identified four factors associated with increased risk of SIDS: (1) placing a baby on the stomach (prone position) to sleep; (2) being exposed to tobacco smoke during pregnancy and after birth; (3) using soft surfaces and objects that trap air or gases, such as pillows, in a baby's sleeping area; and (4) not breastfeeding a baby. However, risk factors alone do not cause SIDS. Most babies with one or more of the above risk factors do not succumb to SIDS.

To decrease the risk of SIDS in the child care setting: Place babies on their backs to sleep. This recommendation from the American Academy of Pediatrics and the National Back to Sleep Campaign applies to most babies. However, some babies should lie in a prone position, such as those with respiratory disease, symptomatic gastro-esophageal reflux, or certain upper airway malformations. If uncertain about a baby's best sleeping position, consult the baby's parents or doctor. Don't smoke; provide a smoke-free environment for babies in your care; encourage parents who smoke to quit. Recent research indicates that the risk of SIDS doubles among babies exposed only after birth to cigarette smoke and triples for those exposed both during pregnancy and after birth. Use firm, flat mattresses in safety-approved cribs for babies' sleep. Don't use soft sleeping surfaces and objects that trap gas in the babies' sleeping area. The U.S. Consumer Product Safety Commission has issued advisories for parents on the hazards to infants sleeping on beanbag cushions, sheepskins, foam pads, foam sofa cushions, synthetic-filled adult pillows, and foam pads covered with comforters. Encourage mothers who breastfeed to provide you with bottled breastmilk that is clearly labeled with their child's name. Studies show that babies who died of SIDS were less likely to have been breastfed. Breastfeeding helps to prevent gastrointestinal and respiratory illnesses and infections.

If a child in your care is not breathing and is unresponsive: Call 911. Begin cardiopulmonary resuscitation (CPR). Immediately notify the child's parents.

If a child in your care dies: Do not disturb the scene of death (i.e., don't move anything), if possible. Contact your emergency child care backup person to tend to the other children. Document the entire sequence of events. Prepare to talk with law enforcement officers, a coroner or medical examiner, and licensing and insurance agencies. Notify the parents of the other children in your care of the death. You may later need to provide additional information regarding the death.

If the death of a child in your care is attributed to SIDS: Seek support and SIDS information from the Division of Public Health, or from local, state, or national SIDS resources. For inquiries or to request materials, call "Back to Sleep" at 1-800-505-CRIB or write "Back to Sleep" at P.O. Box 29111, Washington, DC 20040. Obtain a copy of "When Sudden Infant Death Syndrome (SIDS) Occurs in Childcare Settings...", contact the National Sudden Infant Death Syndrome Resource Center, 2070 Chain Bridge Road, Suite 450, Vienna, Virginia 22182. Telephone: (703) 821-8955, ext. 249; Facsimile: (703) 821-2098. Provide the parents of other children in your care information on SIDS that is appropriate for them and for their children.

For further information or support, contact the SIDS Alliance at 1-800-221-7437 OR 1-410-653-8226.

Tetanus in the Child Care Setting

Tetanus, also called lockjaw, is very rare in the United States due to the very high immunization rates of persons living here. **Tetanus is completely preventable through vaccination.**

Children receive tetanus vaccine in combination with the pertussis and diphtheria vaccine. After childhood, adults need a booster injection every 10 years to make sure they are protected.

Tetanus is caused by infection with the bacteria *Clostridium tetani*. These bacteria are common in the soil but are quickly killed by oxygen. Any wound or cut contaminated with the soil and not open to the air (such as a puncture wound or even a rose prick) will provide a suitable environment for the bacteria. Tetanus is usually acquired when a person who has not been immunized acquires such a wound by stepping on a dirty nail or being cut by a dirty tool. The bacteria infect the wound and produce a toxin that spreads through the blood. This toxin can cause severe muscle spasms, paralysis, and frequently death.

Anyone who has an open wound injury should determine the date of his or her last tetanus booster. A person who has not had a booster within the past 10 years, should receive a booster dose of vaccine and/or other medications to prevent tetanus disease. For some wounds, a person may need a booster if more than 5 years have elapsed since the last dose. *Because tetanus is not spread person-to-person, tetanus in one child care attendee or provider will not spread to others.*

Note: Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed Tetanus. This is a reportable condition.

Tuberculosis (TB) in the Child Care Setting

TB is a disease caused by bacteria called *Mycobacterium tuberculosis*. These germs can be spread from person to person. These germs can be spread through the air when a person with TB disease coughs, sneezes, yells, or sings. Children, although they may be infectious, usually are not as likely as adults to transmit TB to others. (TB is not spread by objects such as clothes, toys, dishes, walls, floors, and furniture.) When a person is sick from the TB germ, the person has TB disease. TB can be serious for anyone, but is especially dangerous for children younger than 5 years old and for any persons who have weak immune systems, such as those with HIV infection or AIDS.

You should know the difference between the two stages of TB: (1) TB infection is just having the TB germ in the body without being sick, and (2) active TB or TB disease is having the germ and also being sick from it, with the symptoms of active TB (see description of symptoms below).

When a child has TB infection, it means that the child was infected by an adult with active TB-- often a person in the home. Most persons who have TB infection do not know it because it does not make them sick. A person with only TB infection cannot spread TB to others and does not pose an immediate danger to the public. TB infection is diagnosed only by the TB skin test. This safe, simple test is given at most local health departments. A small injection is made under the skin, usually on the forearm. In persons who are infected with the TB germ, the skin test causes a firm swelling in the skin where the test was given. After 1 or 2 days, a health care provider reads the results of the TB skin test.

A TB-infected person can take 6 to 12 months of medicine, usually isoniazid, to get rid of the TB germs and to prevent active TB (the illness with symptoms). This preventive treatment is most important for TB-infected children younger than 5 years old, persons infected with the TB germ within the past 2 years, and TB-infected persons who have a weak immune system (especially HIV infection or AIDS) because these persons are more likely to get active TB after infection.

Persons with active TB have symptoms such as a cough that "won't go away," a cough that brings up blood, a fever lasting longer than 2 weeks, night sweats, feeling very tired, or losing a noticeable amount of weight. The TB skin test cannot show active TB -- active TB must be diagnosed by a physician, based on a physical exam, a chest x-ray, and laboratory tests. The treatment for active TB usually involves taking at least 3 different drugs for at least 6 months.

In child care settings, TB has been spread from adults to children, although the spread of TB in such settings is rare. In family home child care settings, TB infection has been passed from sick adults living in the home to children, even though the sick adults may not have been taking care of the children directly. As noted before, a person with only TB infection cannot infect another person. Only a person with active TB can infect another person. Also, children younger than 5 years old who have active TB usually cannot infect other persons. The spread of TB from child to child in a child care setting has not been reported. **Children who have active TB should not attend child care until they have been given permission. Usually, they may return to child care as soon as they are feeling well and on medication, but this should be decided by the Division of Public Health along with their physician. Well children should not be kept out of child care if they only have a positive skin test result.**

Persons who are beginning work as a child care provider should have a TB skin test to check for infection with TB bacteria.

Note: Notify the Division of Public Health, Epidemiology Branch at 302-739-5617 if you become aware that a child or adult in your facility has developed TB. This is a reportable disease.

WEST NILE VIRUS AND CHILDREN

Are children or infants at greater risk for becoming infected with West Nile virus?

Children, including infants, are not at greater risk than other individuals for becoming infected with WNV. Anyone can become infected with the virus if bitten by an infected mosquito, but children will need an adult's help in taking precautions against mosquito bites. Parents and caregivers should take the following precautions to help protect their children from getting mosquito bites.

From April to October, when mosquitoes are most active, take the following precautions:

- If outside during evening, nighttime and dawn hours when mosquitoes are most active and likely to bite, children and adults should wear protective clothing such as long pants, long-sleeved shirts, and socks.
- If outside during evening, nighttime and dawn hours, consider the use of an insect repellent containing 10% or less DEET for children and no more than 30% DEET for adults.
- USE DEET ACCORDING TO MANUFACTURER'S DIRECTIONS:
- Do not use DEET on infants or pregnant women.
- Do not allow young children to apply DEET themselves.
- Do not apply DEET directly to children. Apply to your own hands and then put it on the child.
- DEET is effective for approximately four hours. Avoid prolonged or excessive use of DEET. Use sparingly to cover exposed skin and clothing.
- Wash all treated skin and clothing after returning indoors.
- Store DEET out of reach of children.

If my child is bitten by a mosquito, should he or she be tested for West Nile virus?

No. Most mosquitoes are not infected with the West Nile virus. Even in areas where mosquitoes may be found that carry the virus, very few mosquitoes -- less than 1% -- are infected.

If my child is bitten by an infected mosquito, will he or she get sick?

Most people, including children, who are bitten by mosquitoes carrying the WNV, will experience no symptoms or very mild illnesses.

Should I seek medical attention if I think that my child has become infected with WNV?

Even though the chances are slight that your child could become infected with WNV, parents or caregivers should contact a doctor immediately if a child develops symptoms such as high fever with: confusion; muscle weakness; severe headaches; stiff neck; or if his or her eyes become sensitive to light.

Is my child at risk for becoming infected with West Nile Virus while attending school?

The mosquitoes that most commonly carry WNV are generally more active during evening, nighttime and dawn hours, so children who attend school during the daytime are at minimal risk for exposure. As a precaution, however, schools are being asked to help protect schoolchildren by removing outside objects such as empty buckets, old tires, and any other containers in which water accumulates and where mosquitoes may breed.

Can children go on outdoor field trips and play outdoors during the summer?

Since mosquitoes are not generally active during daytime, children who go on trips during the daytime are at minimal risk for exposure. However, if the field trip is to an area where there are weeds, tall grass, bushes or known high mosquito activity, or if the trip is at dusk, during the evening, night time or at dawn, students should be advised to wear long pants, long sleeves and socks to minimize the possibility of exposure to mosquitoes.

What is the treatment for West Nile virus? Although there is no specific treatment, medication, or cure for the virus itself, the symptoms and complications of the disease can be

treated. Most people who get this illness recover from it. Serious illness is more common in the elderly and those with weakened immune systems.

Is there a vaccine available for West Nile Virus?

No. A vaccine for West Nile virus does not exist.

What can I do around my home to help protect my children from exposure to mosquitoes?

Mosquitoes lay their eggs in standing water. Weeds, tall grass, and bushes provide an outdoor home for the common house mosquito, which is most commonly associated with WNV. Mosquitoes can enter homes through unscreened windows or doors, or broken screens.

- Make sure that doors and windows have tight-fitting screens. Repair or replace all screens in your home that have tears or holes.
- Remove all discarded tires from your property.
- Dispose of tin cans, plastic containers, ceramic pots, or similar water-holding containers.
- Make sure roof gutters drain properly. Clean clogged gutters in the spring and fall.
- Clean and chlorinate swimming pools, outdoor saunas and hot tubs. If not in use, empty and cover.
- Drain water from pool covers.
- Change the water in bird baths at least once a week.
- Turn over plastic wading pools and wheelbarrows when not in use.
- Eliminate any standing water that collects on your property.
- Remind or help neighbors to eliminate breeding sites on their properties.

Yeast Infections (Thrush) in the Child Care Setting

Yeast infections are caused by various species of *Candida*, especially *Candida albicans*. These organisms are part of the germs normally found in various parts of the body and ordinarily do not cause any symptoms. Certain conditions, such as antibiotic use or excessive moisture, may upset the balance of microbes and allow an overgrowth of *Candida*. In most persons, these infections flare up and then heal. However, in newborns or persons with weak immune systems, this yeast can cause more serious or chronic infections.

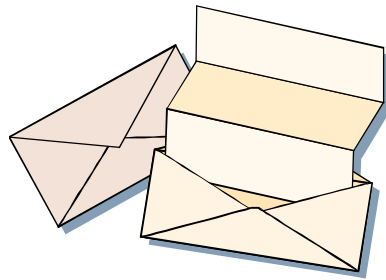
Many infants acquire *Candida* infections from their mothers during birth. Many of those that escape this infection soon acquire *Candida* from close contacts with family members, relatives, and friends. These early exposures may result in an oral infection (thrush) that appears as creamy white, curd-like patches on the tongue and inside of the mouth. In older persons, treatment with certain types of antibiotics or inhaled steroids (for asthma) may upset the balance of microbes in the mouth, allowing an overgrowth of *Candida* that will also result in thrush. Outbreaks of thrush in child care settings may be the result of increased use of antibiotics rather than newly acquired *Candida* infections.

Candida may also exacerbate diaper rash, as this yeast grows readily on damaged skin. The infected skin is usually fiery red with lesions that may have a raised red border. Children who suck their thumbs or other fingers may occasionally develop *Candida* around their fingernails.

Oral thrush and *Candida* diaper rash are usually treated with the antibiotic nystatin. A corticosteroid cream can be applied to highly inflamed skin lesions on the hands or diaper areas. For children with diaper rash, child care providers should change the diaper frequently, gently clean the child's skin with water and a mild soap and pat dry. While cornstarch or baby powder may be recommended for mild diaper rash, it should not be used for children with inflamed skin. High absorbency disposable diapers may help keep the skin dry. Plastic pants that do not allow air to circulate over the diaper area should not be used, although the diapering system should be able to hold urine or liquid stool.

Since most persons are already infected with *Candida*, children with thrush and candida diaper rash need not be excluded from child care as long they are able to participate comfortably. Child care providers should follow good hygiene including careful handwashing and disposal of nasal and oral secretions of children with thrush, in order to avoid transmitting the infection to children who are not already infected.

SAMPLE LETTERS



Sample Letter on Campylobacter

Dear Parent or Guardian:

___ A Child in our center has campylobacter.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea, bloody diarrhea, or diarrhea with fever or vomiting, do not send him/her to the center.

If your child develops mild diarrhea, please call us to discuss whether or not he/she should attend the center.

In either case, ask your health care provider to do a stool test for campylobacter. (He/she will probably also want to test any other family member who comes down with diarrhea.)

If the test is positive, keep your child home until diarrhea or illness is over, and your child has received medication.

3. Please keep us informed about how your child is doing, and about any positive tests or prescribed medications.

What is campylobacter? Campylobacter is a very small (microscopic) bacteria that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Many people who catch it are only mildly ill. However, some people have severe, bloody diarrhea, fever, stomach cramps, and vomiting. The bacteria can continue to be passed in the stools for several weeks after the illness itself seems over.

How do you catch campylobacter? Campylobacter germs live in the intestines and are passed out of the body in the stools. (Remember they are microscopic--you cannot see them). If people do not wash their hands well after going to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and the children's hands. The germs can then be spread to food and drink or to objects, and eventually, to other people's hands and mouths. The germs are then swallowed by the other person or child, multiply in their intestines, and cause an infection.

How do you know you have campylobacter? Campylobacter can be diagnosed by a test called a "stool culture". It may take 72 hours or longer to grow the germ from the stool and identify it.

What can you do to stop the spread of this germ? Be sure everyone washes their hands carefully after using the bathroom, changing diapers helping a child use the bathroom. **Wash** your hands and before preparing or eating food. Babies and children need to have their hands washed too, at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting a stool culture. This is critical for family or household members who handle or prepare food as a job.

Medication is usually recommended for children and adults with campylobacter in their stools, as it shortens the length of time the bacteria is passed out in the stools, although it does not shorten the duration of the diarrhea. Your health care provider will decide on the best medicine for you or your child.

Sample Letter on Chickenpox

Dear Parent/Guardian:

___ A child/staff member in our center has chickenpox

___ Your child may have chickenpox.

What is it? Chickenpox is a very contagious infection caused by a virus. It usually begins with a mild fever and an itchy rash. The rash starts as crops of small, red bumps which become blistering, oozy, and then crust over.

How is it spread? It is spread through exposure to infected fluids from the nose, throat, or skin rash of someone with chickenpox. This can occur either by sharing breathing space or by directly touching the infected fluids. Chickenpox is contagious from two days **before** the rash starts until all the rash is dried and crusted. After exposure, it takes ten days to three weeks before the rash appears.

How is it treated? Chickenpox is generally not a serious disease and there is no specific treatment for it. The symptoms can be treated with plenty of fluids, rest, fever control, and anti-itching medicines and lotions.

ASPIRIN (Salicylate)- CONTAINING PRODUCTS SHOULD NOT BE USED FOR FEVER CONTROL IN CHILDREN WITH CHICKENPOX. This is because there is a possible association between the use of aspirin and a rare, but very serious disease, called Reye's Syndrome (vomiting associated with liver problems and coma).

WHAT SHOULD YOU DO?

1. Watch your child for the next ten days to three weeks for the chickenpox rash.
2. If your child develops a suspicious rash, do not send him/her to the center. Your health care provider can diagnose chickenpox and give you anti-itching medicine or lotion for your child.
3. If your child develops chickenpox, s/he can return to the center one week after the rash begins, or when all the blisters are dried up and crusted over.
4. If one of your children develops chickenpox, other people in the family who have not had it will probably get it, too. Chickenpox is very easily spread.

Sample letter on Conjunctivitis

Dear Parent or Guardian:

___ A child in our center has conjunctivitis ("pink eye").

___ Your child may have conjunctivitis.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch your child and members of your family for "pink eye".
2. If your child develops pink eye, see your health care provider. Your child may need an eye medication.
3. **DO NOT SEND YOUR CHILD TO THE DAY CARE CENTER** until after the day you start giving the medicine. If your health care provider decides not to prescribe an eye medicine, he/she should give you a note to send into the Day Care Center with your child. In your doctor's note, he/she should explain the diagnosis of the child, and why no medication is needed.
4. Tell us at the Center if your child is being treated for "pink eye".

What is CONJUNCTIVITIS? Conjunctivitis is an infection of the eyes, COMMONLY known as "pink eye". It is most often caused by a virus (like colds) but can also be caused by a bacteria. The white parts of the eyes become pink or red, the eyes may hurt, feel itchy or scratchy, and they may produce lots of tears and discharge. In the mornings, the discharge (which is pus) may make the eyelids stick together. (Some children and adults have allergies which can cause everything listed above except pus.)

Conjunctivitis is a mild illness. It is NOT dangerous. Doctors usually prescribe an antibiotic eye medication, just in case it is due to bacteria.

How do you catch conjunctivitis? The discharge from the eye (the pus) is infectious. If children rub their eyes, they get it on their hands. They can then touch someone's eyes or hands or touch an object (toy or table). If other children get discharge on their hands and then touch their own eyes, they can catch it. It can spread easily among small children who touch their eyes, and everything else, and who do not know how (or forget) to wash their hands.

What can you do if your child has conjunctivitis?

1. Keep your child's eyes wiped free of discharge. Use paper tissues, then throw them away promptly.
2. Always wash your hands after wiping your child's eyes.
3. Teach your child to wash his/her hands after wiping his/her eyes.
4. Ask your health care provider if your child needs to receive eye medicine.
5. Be sure to carefully wash anything that touches your child's eyes (such as washcloths, towels, toy binoculars, and toy cameras).

Sample Letter for E. Coli O157-H7

Dear Parent or Guardian:

_____ A child in our center has E. coli O157-H7.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea, diarrhea with blood or mucus, fever, or vomiting, do not send him/her to the center. Take your child to your family physician and ask your him/her to do a stool test for E. coli O157-H7.

He/she will probably want to also do this test on any other person in your family who comes down with diarrhea.

If the test is positive, keep your child home until any serious diarrhea or illness is over, and your child has received proper treatment.

3. Please keep us informed about how your child is doing, and about any positive tests or treatment.

What is E coli O157-H7? E. coli O157-H7 is a very small (microscopic) bacteria that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Of those who become ill, the illness may be mild or severe. Some people have fever, stomach pain, and bloody, mucousy stools. The bacteria can continue to be passed in the stools for several weeks after the illness itself seems over.

How do you catch E coli O157-H7? E. coli O157-H7 germs live in the intestines and are passed out of the body in the stools. (Remember, they are microscopic - you cannot see them.) If people do not wash their hands well after having a bowel movement, changing diapers, or helping a child go to the bathroom, the germs stay on their hands and the children's hands. The germs can then spread to food, drink or to objects and eventually to other people's hands and mouths. The germs are then swallowed by the other person, multiply in their intestines, and cause an infection.

How do you know you have E. coli O157-H7? E. coli O157-H7 can be diagnosed by a test called a "stool culture." It may take 72 hours to grow the germs from the stool and identify it.

What can you do to stop the spread of this germ?

Be sure everyone washes their hands carefully **after** using the bathroom or helping a baby or child with diapers or toileting and **before** preparing or eating food. Babies and children need to have their hands washed, too, at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting a stool test. **This is critical for family or household members who handle or prepare food as a job.**

Your physician may or may not recommend medication.

Sample Letter on Fifth Disease

___ A child in our center has Fifth Disease.

___ Your child may have Fifth Disease.

What is Fifth Disease? Fifth disease is a benign rash illness of childhood sometimes called erythema infectiosum. The disease is caused by a virus called Parvovirus B19. The illness begins with prodromal phase of mild fever with non-specific symptoms of headache, malaise and muscle aches. This lasts for only a few days before the eruption of the characteristic rash. The rash begins as an red, flushed appearance on the cheeks, giving a "slapped cheek" appearance. It then spreads to the trunk and the extremities as a bumpy red rash. As the rash appears, the child usually begins to feel better.

The virus can cause stillbirth and fetal hydrops in pregnant women experiencing a primary infection. Please consult your physician if you are pregnant and a child has fifth disease.

How does a person get Fifth Disease? The virus is contracted from infected individuals before they show symptoms. The virus is spread by close contact, presumably through respiratory secretions. The virus may also be spread on inanimate objects to susceptible children.

How is Fifth Disease treated? There is no treatment for fifth disease. Tylenol may be given to reduce fever and muscle aches. Pregnant women should consult their physician for treatment advice.

Exclusion and return. Children with fifth disease do not need to be excluded from day care, as they are unlikely to be infectious after the rash appears, and the clinical diagnosis is made.

Sample letter on Giardia

Dear Parent or Guardian:

___ A child in our Day Care Center has Giardia.

___ Your child may have Giardia.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch your child and members of your family for diarrhea, stomach cramps, gas and nausea.
2. If your child develops diarrhea or diarrhea with fever or vomiting, do not send him/her to the Center.

Please ask your health care provider to do a stool test for Giardia. He/she will probably want to do this test also on any other person in your family who comes down with diarrhea.

If the test is positive, keep your child home until any serious diarrhea or illness is over, and your child has received medication. If the test is negative please keep your child home until the diarrhea stops.

3. Please keep us informed about how your child is doing, and about any positive tests or treatment.

What is Giardia? Giardia is a very small (microscopic) parasite that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Of those who become ill, most are only mildly sick. However, some people have bad smelling diarrhea, gas, stomach cramps, lack of appetite and nausea. It may last a long time and cause weight loss. The infection, whether or not it causes symptoms, can come and go for months if not treated.

How do you catch Giardia? Giardia germs live in the intestines and are passed out of the body into the stools. (Remember, they are microscopic, so you cannot see them.) If people do not wash their hands well after going to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and in the children's hands. The germs can then spread to food or drink or to objects and, eventually, to other people's hands and mouths. The germs are then swallowed by the other person or child, multiply in their intestines, and cause an infection. Obviously, it can spread easily among small children who normally get their hands into everything and may not wash their hands well.

How do you know you have it? Giardia can be diagnosed by a test called "stool culture for ova and parasites", in which the stool is examined under a microscope. However, because giardia is passed in the stools off and on, several stools taken over several days may need to be examined.

What can you do to stop the spread of this germ? Be sure everyone washes their hands carefully after using the bathroom, or helping a baby or child with diapers or toileting, and before preparing or eating food. Babies and children need to have their hands washed too!

If someone in your family develops diarrhea, talk to your health care provider about getting a stool test. This is critical for family or household members who handle or prepare food as a job.

Medication is recommended for children and adults with giardia in their stools, as it shortens both the length of the illness and the time the germ is found in the stool. Your health care provider will decide the best medicine for you or your child.

Sample letter on Hib Disease

Dear Parent or Guardian:

A child in our Day Care Center has a serious infectious illness caused by a bacteria named Haemophilus influenzae, type B. A short way of writing the name is Hib. Hib spreads from person-to-person by being in close contact. It is not at all related to the regular "flu".

___ Your child has been in close contact (same classroom or shared activities) with this child/staff person.

___ Your child has not been in close contact with the ill person.

Hib can cause very serious illnesses such as meningitis (infection of the covering of the brain), pneumonia, arthritis, epiglottitis (infection of the upper throat), blood infections, and skin infections, all of which need hospital treatment and intravenous antibiotics. Because this bacteria can spread from child to child in a center, and because it can cause serious illness, we want to make you aware of the fact that your child may have been exposed.

WHAT SHOULD YOU DO?

1. Call your health care provider and tell him or her that your child is at a Center where another child has come down with an illness caused by Haemophilus influenzae, type B (Hib). Tell him or her whether your child has been in close contact and the Center's policy on Hib.
2. Watch your child for signs of illness or a fever. If your child becomes ill, take him/her to your health care provider. Watch carefully for a month, but especially carefully in the next week.

The Center will also be very watchful over the next month. If another child comes down with this illness, we will notify you.

Sample letter on Hand, Foot and Mouth disease

___ A child in our center has Hand, Foot, and Mouth disease.

___ Your child may have Hand, Foot and Mouth disease.

What is Hand, Foot, and Mouth Disease? Hand, Foot and Mouth Disease is a viral disease which usually affects children less than ten years old. The disease usually appears during the summer and fall months. It lasts six to ten days.

What are the symptoms? Symptoms appear four to six days after exposure. They include a sore throat, runny nose, cough, sneezing, ulcers on the tongue, and blisters on the hands, feet or buttocks. A low grade fever (100-101°F) is common.

How is Hand, Foot, and Mouth Disease diagnosed? A doctor will diagnose the illness at the office visit. Laboratory tests are usually unnecessary.

How is Hand, Foot, and Mouth Disease treated? There is no specific treatment. You may take a non-aspirin pain reliever. Mouth rinses and soothing drinks comfort persons with this disease. Keep blistered areas clean and dry.

Are there any complications? Complications are rare, but meningitis (an infection of the brain's covering.), encephalitis (an infection of the brain) and other secondary infections can occur.

How is Hand, Foot and Mouth Disease spread? Hand, Foot and Mouth Disease is spread from one person to another by direct contact with discharges from the nose and mouth, by feces, or by articles contaminated by either. Feces may spread the virus for a few weeks after the person recovers.

How can Hand, Foot and Mouth Disease be prevented? Reduce person-to-person contact. Wash contaminated articles in hot soapy water. Wash hands immediately after changing diapers, or helping persons with this disease.

Exclusion and return to daycare. Children with diarrhea or blisters should not attend school or day care. Children may return when diarrhea stops, and blisters have scabs. The child may return with a slight fever (100°F).

Sample Letter on Head Lice

Dear Parent or Guardian:

____ A child in our center has head lice.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Check your child's hair for eggs (nits).
2. If you suspect your child has head lice, see your health care provider for diagnosis and treatment.
3. Tell us if your child is diagnosed as having head lice.
4. If head lice are diagnosed, do not send your child to the center until he/she has been treated.

What are head lice and how do you know if your child has them?

Head lice are very small, light-brown insects (less than one-eighth inch long) which live only in people's hair, especially the back of the scalp, above the neck, and behind the ears. They do not jump or fly; they do not live on animals. They live by biting the scalp or skin and drinking blood. The bites cause intense itching. Lice are not dangerous, but they make a person very uncomfortable.

Lice live for 20 to 30 days and lay about six eggs a day. These eggs, called nits, are very small, about the size of a fleck of dandruff, but shaped like teardrops or pears, are pearl gray in color, and are glued onto single strands of hair. Sometimes they can best be seen by looking at a few strands of hair at a time held in natural daylight. The nits are very hard to pull off the hair (not like dandruff which can be brushed easily).

Usually, you will not see the lice, only the eggs. You will need to look carefully. Spend about ten minutes and start with the hair on the back of the head. If you are not sure, ask your health care provider to check your child's head.

How does a person get head lice?

Head lice are very easy to catch, both for children and adults. Having lice is not a sign of not being clean or having a dirty house. The lice can crawl from head to head, or from a personal item like a hat or pillow to a head. The eggs or nits may be in combs, brushes, hats, scarves, etc., and they may be passed on and then hatched on the next person. Head lice spreads only from person to person; you cannot catch them from grass, trees or animals.

If your child does have head lice, your health care provider may want to treat everyone in your family. Regardless, you should check everyone's hair carefully. Anyone else with nits should definitely be treated.

How do you get rid of head lice?

There are several medicines, used as shampoos, available to treat head lice. Kwell Shampoo* and Proderm Lotion* are available by prescription only. Other products such as RID*, REC Shampoo*, XXX*, A-200 Pyrinate* and NIX* are available over-the-counter. Your doctor will tell you which is best.

All of these products must be used carefully, and all safety guidelines must be observed. It is especially important to consult a physician before treating (1) infants, (2) pregnant or nursing women, or (3) anyone with extensive cuts or scratches on the head or neck.

Although all of these products kill lice, none will kill 100 percent of the nits. Nit removal may be time consuming and difficult due to their firm cementing onto the hair. A solution of vinegar and water may help to dissolve the "cement" and make removal easier. There are special, fine-tooth combs to aid in nit removal; a regular comb will not remove them. A daily nit check for the next ten days is advisable; if you see new nits (less than one-fourth inch from the scalp) or newly hatched lice, it may be necessary to repeat the treatment. Too many treatments can be dangerous; follow your health care provider's instructions.

Clean all personal items, giving special attention to the following:

“Clothes -- especially coats, sweaters, hats, scarves, pajamas, robes, nightgowns.

“Bedding -- sheets, pillowcases, blankets, pillows.

“Toiletries and Towels -- combs, brushes, curlers, barrettes, etc.

“Furry or cloth toys -- especially those that have been near the child's head or in the child's bed.

Ways to clean personal items:

Choose one of the following methods for each item to be cleaned:

- a. Wash in hot water in washing machine, dry as usual.
- b. Put in HOT dryer for 20 minutes.
- c. Dry clean.
- d. Store in sealed plastic bags for 14 days (any eggs present will hatch, but the louse will die for lack of food, (i.e., blood. Any lice will also die). This method is especially good for blankets, pillows, toys and clothing that are hard to wash.

***Brand names are mentioned for identification purposes only and are not an endorsement. Other similar products may also be used.**

- e. Boil combs, brushes, curlers, etc., for 10 minutes, or soak in 2% Lysol and water, or a bleach solution (1/4 cup bleach to 1 gallon water) for one hour.

Careful vacuuming of carpets, floors and furniture is all that is necessary for the rest of the house. Insecticide sprays are not recommended; they can be harmful to people and animals.

When can my child go back to the Center? Your child may go back as soon as the shampoo has been given, you have removed as many nits as possible for your child's hair, and you have cleaned or stored personal items. Keep checking your child's hair for new nits for at least two weeks.

Sample Letter on Hepatitis A

Dear Parent or Guardian:

A child or staff member in our center has been diagnosed with a viral infection called Hepatitis A, and your child may have been exposed.

What is it? Hepatitis A is an infection of the liver caused by a virus. It can cause tiredness, fever, lack of appetite, nausea, and jaundice (yellowing of the skin and whites of the eyes, with darkening of the urine). The illness usually lasts one to two weeks. Young children do not usually become jaundiced. However, they may have a "flu-like" illness, or nothing at all.

How do you get it? The virus lives in the intestines and is passed out of the body in the stools. The virus is microscopic--you cannot see it. If people do not wash their hands well after toileting a child or themselves, or wash the child's hands, the virus can be spread to other people, food, drink, or other things. The germs can then be swallowed by another person, multiply in the intestines, and cause illness two to eight weeks later. If a person is exposed (that means - swallowed some germs), the illness may be prevented by a shot of immune globulin.

How is it diagnosed? Hepatitis A is diagnosed by a blood test.

What can you do?

1. Be sure everyone in your household washes their hands after going to the toilet, helping a child go to the toilet, or changing a diaper. They must wash the children's hands too. This is the most important thing to do! Hands should also be washed before touching food, eating, or feeding.
2. Your child or your household may need a shot of immune globulin. (The immune globulin is available free of charge from the Division of Public Health.) Other people in your household need the shot as well. See your health care provider.
3. If anyone in your household develops signs of Hepatitis A, ask your health care provider to do a blood test and tell us if it is positive.

Sample letter on Impetigo

Dear Parent or Guardian:

___ A child in our Day Care Center has Impetigo.

___ Your child may have Impetigo.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Check your child's skin for an impetigo rash.
2. Take your child to your health care provider if you suspect your child has an impetigo rash so that medicine may be prescribed.
3. Tell us if your child was treated for impetigo.
4. If your child has impetigo, he/she may return after taking medicine for 24 hours.

What is Impetigo? Impetigo is a skin infection common in young children. It is mostly seen on the face and around the mouth, but can occur any place on the skin.

What does it look like? The skin is red and may be oozing. There may be small bumps clustered together or larger red areas. These areas may have honey-colored crusts or blisters. It spreads quickly. It is often itchy. Children may scratch the crusts off and cause a little bleeding.

What causes Impetigo? Impetigo is caused by common skin germs (like strep and staph). These germs usually only cause infection when the skin is injured (scraped, cut, scratched, etc.). It can spread easily among small children who touch everything and, is therefore, very common among this age group.

How is Impetigo diagnosed and treated? Your health care provider can tell you if your child has impetigo. Usually it is treated with some combination of a special soap, antibiotic ointment, and an oral antibiotic.

4. The most important thing is to keep the impetigo rash clean and dry. You may want to cover it lightly so the ooze and crusts cannot be spread to other people. Anybody who does touch the rash should wash his/her hands very well.

Sample letter on Meningococcal Illness

Dear Parent or Guardian:

A child or staff member in our Day Care Center has a serious infectious illness caused by a bacteria named Neisseria meningitidis. This bacteria can spread among children who are in close contact. There is a medicine called Rifampin which can be taken to reduce the risk of infection in people in close contact with the ill person.

___ Your child has been in close contact (same classroom or shared activities) with this child/staff person.

___ Your child has not been in close contact with the ill person.

WHAT SHOULD YOU DO?

1. Call your doctor or nurse practitioner and tell them your child is at a Center where another child/staff person has come down with a meningococcal illness. Tell them whether or not your child has been in close contact with the ill person.
2. If your child has had close contact, get a prescription of RIFAMPIN for your child unless there is a medical reason not to. Rifampin can help eliminate the germ from someone who has been exposed.

If your child has had close contact, he/she should not come back to the Day Care Center until RIFAMPIN has been started.

3. For the next three weeks, watch your child for signs of illness or a fever. If your child becomes ill, take him/her to a doctor immediately, whether or not Rifampin was given, because medicine is not always 100 percent effective. N. meningitidis usually causes meningitis, an infection of the coverings of the brain, which is often fatal if not treated with antibiotics.

The Center will be very watchful over the next three weeks and will inform you if anyone else becomes ill.

Sample letter on Pinworm

Dear Parent or Guardian:

___ A child in our center has pinworms.

___ Your child may have pinworms.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child for pinworms.
2. If you think your child may have pinworms, call your health care provider to find out how to test for them.
3. If your child does have pinworms, please tell us at the center.

What are pinworms? Pinworms are small, white, thread-like worms that live in the large intestine and only infect people. The female worms crawl out through the anus at night and lay eggs around the opening. This can cause intense itching in this area. It does not cause teeth grinding, or bedwetting as some people mistakenly believe. It is not a dangerous disease, just a very irritating one.

Who can get pinworms? Anyone can. If a child gets them, other family members can catch them.

How do you catch pinworms? When children scratch their bottoms, the eggs get on their hand and under their fingernails. The children may then touch someone else's mouth, food, or a toy or table. Someone else may get the eggs on his or her hands and eventually swallow it. The egg hatches inside the body. It is very easy to spread pinworms around and to catch them over and over.

If you think your child has pinworms, have your family physician examine your child. The physician may order a pinworm test to detect the pinworm eggs, this test is sometimes called the "scotch tape" test. If the test is positive, your child or your entire family may be treated for pinworms.

What do you do about pinworms? The doctor or nurse will ask you to place sticky tape on your child's bottom first thing in the morning and then look at the tape under the microscope. If there are pinworm eggs on the tape, he/she will give your child a medication which cures the infection. He/she may also treat your whole family because other people in households are often infected as well, but are not aware of it.

REMEMBER: Always wash your hands and your child's hands carefully before eating or preparing food and after going to the bathroom.

Sample letter on Ringworm

Dear Parent or Guardian:

___ A child in the Day Care Center has ringworm.

___ Your child may have ringworm.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Check your child for ringworm.
2. Take your child to your health care provider if you think he/she has ringworm.
3. Tell the center if your child has ringworm.

What is ringworm? Ringworm is a rash caused by a fungus. It is not dangerous, and it can be treated easily. It does spread easily.

What does the rash look like? On the body you often see red rings that are slightly raised, itchy and scaly. On the scalp you may circles of hair loss. On the feet you may see cracking and peeling between the toes. Another kind causes whitish patches on the face or body.

How do you catch ringworm? Ringworm is spread by touching the rash on another person or touching scales or broken hairs which have fallen off the rash.

How do you know if your child has it? Your health care provider can tell you by looking at the rash. Sometimes other tests are needed.

When can my child return to Day Care? Children can return to the Center the same day treatment (usually an ointment or solution) is started.

Sample Letter on Salmonella

Dear Parent or Guardian:

____ A child in our center has Salmonella.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea or diarrhea with fever or vomiting, do not send him/her to the center.

If your child develops mild diarrhea, please call us to discuss whether or not he/she should come to the center.

In either case, ask your health care provider to do a stool test for Salmonella. He/she will probably want to do this test as well on any other person in your family who comes down with diarrhea.

If the test is positive, keep your child home until any serious diarrhea or illness is over.

3. Please keep us informed about how your child is doing, and about any positive tests.

What is Salmonella? Salmonella is a very small (microscopic) bacteria that can infect the intestines and stools. People who catch it and become ill may have only mild diarrhea, or may have severe diarrhea, painful stomach cramps, and fever. After swallowing the germs, people usually become sick within six to 72 hours. The diarrhea usually goes away on its own in two to five days. However, the germ can continue to be passed in the stools for several weeks, even after all signs of illness have disappeared.

How do you get Salmonella? Salmonella germs live in the intestines and are passed out of the body into the stools. (Remember, they are microscopic - you cannot see them.) If people do not wash their hands well after going to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and the children's hands. The germs can then be spread to food or drink or to objects, and eventually to other people's hands and mouths. The germs are then swallowed by the other person or child, multiply in their intestines, and cause an infection. Obviously, Salmonella can spread among small children who normally get their hands into everything and may not wash their hands well.

How do you know you have Salmonella? Salmonella can be diagnosed by a test called a "stool culture." It may take 72 hours to grow the germ from the stool and identify it.

What can you do to stop the spread of this germ?

Be sure everyone washes their hands carefully **after** using the bathroom or helping a baby or child with diapers or toileting, and **before** preparing or eating food. Babies and children need to have their hands washed, too, at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting a stool test. **This is critical for family or household members who handle or prepare food as a job.**

Medication is NOT usually recommended for this infection, as it does not shorten the illness. Medication can actually lengthen the amount of time the germ is found in the stools.

REMEMBER: The most important prevention is handwashing after going to the bathroom yourself, and washing your hands as well as your child's hands after changing diapers or helping them in the bathroom and before touching food.

Sample letter on Scabies

Dear Parent or Guardian:

___ A child in our center has scabies.

___ Your child may have scabies.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch for signs of an itchy rash (usually in lines) over the next two to six weeks.
2. If a rash develops, see your health care provider.
3. Tell us at the center that your child has scabies.

What is scabies? Scabies is a common skin rash caused by microscopic animals called mites which are found only on people. The mite digs under the skin and lays eggs which then hatch. The new mites dig more paths and lay more eggs. The rash appears as red bumps and short wavy lines in the skin (where the mites have dug). It is especially common between fingers and toes, and at the wrist and ankle, but can occur anywhere. The rash itches intensely. Scabies is not dangerous, but it is very annoying.

Who can get scabies? Anyone can.

How do you get scabies? You catch it from another person, who has it, or from clothes or bedding used by a person with scabies. The mites cannot jump or fly, but they can crawl. They can live for three days off the body.

If my child has scabies, what should I do?

1. See your health care provider to get medicine to treat the scabies.
2. Wash in hot water all clothes, hats, sheets, pillow cases, blankets, towels, etc. that your child has used. Dry on the hottest setting in the dryer.
3. If there are things that you do not want to wash (pillows, blankets, toys, stuffed animals), put them in tightly closed plastic bags for four days.
4. Thoroughly vacuum all carpets and upholstered furniture. Pesticide sprays are not recommended; they can be harmful to people and animals.

When can my child go back to the day care center if he/she has scabies? The day after receiving treatment. (Sometimes your doctor may want to treat the entire family because scabies can spread so easily.)

REMEMBER: Scabies is annoying, but not dangerous.

Sample Letter on Shigella

Dear Parent or Guardian:

_____ A child in our center has Shigella.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea, diarrhea with blood or mucus, fever, or vomiting, do not send him/her to the center.

If your child develops mild diarrhea, please call us to discuss whether or not he/she should attend the center.

In either case, ask your health care provider to do a stool test for Shigella. He/she will probably want to also do this test on any other person in your family who comes down with diarrhea.

If the test is positive, keep your child home until any serious diarrhea or illness is over, and your child has received medication.
3. Please keep us informed about how your child is doing, and about any positive tests or treatment.

What is Shigella? Shigella is a very small (microscopic) bacteria that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Of those who become ill, most are only mildly ill. However, some people have fever, stomach pain, and bloody, mucousy stools. The bacteria can continue to be passed in the stools for several weeks after the illness itself seems over.

How do you catch Shigella? Shigella germs live in the intestines and are passed out of the body in the stools. (Remember, they are microscopic - you cannot see them.) If people do not wash their hands well after doing to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and the children's hands. The germs can then spread to food or drink or to objects and eventually to other people's hands and mouths. The germs are then swallowed by the other person, multiply in their intestines, and cause an infection.

How do you know you have Shigella? Shigella can be diagnosed by a test called a "stool culture." It may take 72 hours to grow the germs from the stool and identify it.

What can you do to stop the spread of this germ?

Be sure everyone washes their hands carefully **after**, using the bathroom or helping a baby or child with diapers or toileting and **before** preparing or eating food. Babies and children need to have their hands washed, too, at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting, a stool test . **This is critical for family or household members who handle or prepare food as a job.**

Medication is recommended for children and adults with Shigella in their stools, as it shortens the length of the illness and the amount of time the germ is found in the stools. Your health care provider will decide on the best medicine for you or your child.

REMEMBER: **The most important prevention is handwashing** after doing, to the bathroom yourself, and washing your hands as well as your child's hands after changing diapers or helping them in the bathroom.

ADDITIONAL NOTES:

1. Encourage treatment of persons with positive shigella culture.
2. If more than one unrelated shigella case occurs in one day care center, additional screening of asymptomatic children is necessary.
3. Cultures should not be taken until 48 hours after cessation of antibiotics.

Sample letter on Strep Throat

Dear Parent or Guardian:

___ A child in the Day Care Center has strep throat.

___ Your child may have strep throat.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch your child for signs of a sore throat and other signs of strep (headache, fever, stomach ache, swollen and tender neck glands).
2. If your child develops a sore throat and any of these other signs, please see your health care provider. Tell your doctor or nurse practitioner that another child in the Center has strep, and ask to have your child tested for strep throat.

What is strep throat? Strep throat is a sore throat caused by the streptococcus bacteria. (Most sore throats, however, are caused by viruses and are not treated with antibiotics.) The strep germs are passed around through nose and mouth secretions.

How do I find out if my child has strep throat? If your child has a sore throat and other signs of strep, your health care provider will do a throat culture or a rapid test. In one to two days, you will have the results of the culture. If strep is found, your child will receive treatment.

Why is it important that my child receive treatment? There are three reasons:

1. If not treated, or not treated long enough, your child may continue to spread the infection to other members of your family or to other children in the Center. Treatment reduces spread.
2. Rarely, some children with this illness later develop rheumatic fever (abnormalities of the heart valves and inflammation of the joints); treatment with antibiotics can usually prevent this.
3. Treatment will also prevent other rare, but possibly dangerous, complications.

Who gets strep throat? Anyone can. It is very common in pre-school and school-aged children.

When can my child return to the Day Care Center? After taking medicine for 24 hours.

How can you prevent the spread of strep?

1. Wash your hands and your child's hands after wiping noses and before eating or preparing food.
2. Dishes should be washed carefully in hot soapy water or a dishwasher.
3. Children should not share cups, spoons, etc.
4. Toys that get put in the mouth should not be shared. Sharing of food should be discouraged.

RESOURCES



RESOURCES

American Academy of Pediatrics 141 N. Westpoint Blvd. Elk Grove, Illinois 60007	847-228-5005
American Public Health Association (Health and child care inquiries) 1015 15 th St. Washington D.C., 20005	202-789-5600
"Back to Sleep" (SIDS Prevention) P.O. Box 29111 Washington D.C., 20040	800-505-CRIB
Centers for Disease Control and Prevention Child Care Health and Safety Program 1600 Clifton Road, N.E. Atlanta, Georgia 30333	
-Child care health and safety practices	404-639-6475
-Public inquiries on specific diseases	404-639-3534
Child Care Licensing Barley Mill Plaza-Building 18 Wilmington, Delaware 19805	302-892-5800
OR	
Child Care Licensing Barratt Building, Suite 103 821 Silver Lake Blvd. Dover, Delaware 19904	302-739-5487 1-800-822-2236
Consumer Product Safety Commission Public playground safety and "Handbook for Public Safety"	301-504-0580
Delaware Department of Health and Social Services Herman M. Holloway, Sr. Campus 1901 N. DuPont Highway-Main Building New Castle, Delaware 19720	302-577-4357

Delaware Division of Public Health
Epidemiology Branch
Jesse Cooper Building
P.O. Box 637
Dover, Delaware 19903 302-739-5617

Delaware Public Health Laboratory
30 Sunnyside Road
Smyrna, Delaware 19977 302-653-2870

Delaware State County Health Units:

Kent County Health Unit (Nursing-Joyce Waring)
James Williams State Service Center
805 River Road
Dover, Delaware 19901 302-739-5305

New Castle County Health Unit (Nursing-Pam Jacobs)
2055 Limestone Road
Suite 300
Wilmington, Delaware 19809 302-995-8673

Sussex County Health Unit (Nursing-Sandra Norris)
Georgetown State Service Center
544 S. Bedford Street
Georgetown, Delaware 19947 302-856-5246

Northern Health Services (Administrator) 302-995-8632

Southern Health Services (Administrator) 302-856-5355

Other State Service Centers:

Kent County-

Carroll's Plaza
1114 S. DuPont Highway
Suite 102
Dover, Delaware 19901 302-739-4437

Milford State Service Center
13 S.W. Front Street, Suite 105
Milford, Delaware 19963 302-422-1555

Williams State Service Center 805 River Road Dover, Delaware 19901	302-739-3351
--	--------------

New Castle County-

Appoquinimink State Service Center - AREA IV 120 Silver Lake Road Middletown, Delaware 19709	302-378-5781
--	--------------

Claymont State Service Center - AREA III 3301 Green Street Claymont, Delaware 19703	302-798-4093
---	--------------

DeLaWarr State Service Center - AREA III 500 Rogers Road New Castle, Delaware 19720	302-577-3814
---	--------------

Hudson State Service Center - AREA IV 501 Ogletown Road Newark, Delaware 19711	302-368-6750
--	--------------

Lewis Building - AREA III Herman M. Holloway, Sr. Campus 1901 N. DuPont Highway - Lewis Building New Castle, Delaware 19720	302-577-4448
--	--------------

910 E. 16 th Street - AREA I Wilmington, Delaware 19802	302-577-3170
---	--------------

Northeast State Service Center - AREA I 1624 Jessup Street Wilmington, Delaware 19802	302-577-3101
---	--------------

Porter State Service Center - AREA II 509 W. 8 th Street Wilmington, Delaware 19801	302-577-3504
--	--------------

Robscott Building - AREA IV 153 Chestnut Hill Road Newark, Delaware 19713	302-368-6610
---	--------------

Sussex County-

Bridgeville State Service Center 302-337-8261
400 Mill Street
Bridgeville, Delaware 19933

Georgetown State Service Center 302-856-5340
546 S. Bedford Street
Georgetown, Delaware 19947

Laurel State Service Center 302-875-2289
111 Mechanic Street
Laurel, Delaware 19956

Pyle State Service Center 302-732-9504
R.D. 2, Box 281B
Frankford, Delaware 19945

Shipley State Service Center 302-628-2011
350 Virginia Avenue
Seaford, Delaware 19945

Poison Control Centers:

Washington D.C. 202-625-3333
National Capitol Poison Control Center

Maryland Poison Center 410-528-7701

Philadelphia, Pennsylvania Poison Control Center 215-386-2100

Police:

Emergency (All Areas) 911
Dover City Police Department 302-736-7111
Georgetown Police Department 302-856-6613
Wilmington Police Department 302-654-5151

References

American Academy of Pediatrics, Committee on Infectious Diseases, 2000 Red Book: Report of the Committee on Infectious Diseases, Elk Grove Village IL: American Academy of Pediatrics, 2000.

Donowitz, L.G., ed. Infection Control in the Child Care Center and Preschool. Philadelphia, PA: William & Wilkins, 1999.

The ABC's of Safe and Healthy Child Care, Centers for Disease Control and Prevention, 1999.

